|  | FOR OHF USE |  |  |  |  |
|--|-------------|--|--|--|--|
|  |             |  |  |  |  |
|  |             |  |  |  |  |
|  |             |  |  |  |  |

LL1

# 2002 STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2002)

#### IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

| I. | IDPH Facility ID Number: 0038364   |     |   | II. CERTI                   | FICATION BY AUTHORIZED FACILITY OFFICER   |
|----|--|-----|---|-----------------------------|---|
|    | Facility Name: Heritage Manor-Peru  Address: 22 ND & ROCK Peru  Number City  |     | 61701<br>Zip Code   | State of                    | re examined the contents of the accompanying report to the fillinois, for the period from 1/01/2002 to 12/31/2002  Tify to the best of my knowledge and belief that the said contents   |
|    | County: LaSalle  Telephone Number: (815 ) 223-4901 Fax # ( )  IDPA ID Number: 370909086013                         |     | ·   | applica<br>is base<br>Inter | e, accurate and complete statements in accordance with ble instructions. Declaration of preparer (other than provider) d on all information of which preparer has any knowledge.  Intional misrepresentation or falsification of any information cost report may be punishable by fine and/or imprisonment. |
|    | Date of Initial License for Current Owners: 1965  Type of Ownership:   |     |   | Officer or                  | (Signed) (Date) (Type or Print Name) CRAIG L. ATER  |
|    | VOLUNTARY,NON-PROFIT  Charitable Corp.  Trust  PROPRIETARY  Individual  Partnership                                | GC  | OVERNMENTAL State County  | of Provider                 | (Title) Senior Vice President Finance (Signed)  |
|    | IRS Exemption Code  Trust Other  | Co. | Other   |                             | (Print Name and Title) (Firm Name   |
|    | In the event there are further questions about this report, please contact:  Name: CRAIG L. ATER Telephone Number: |     | & Address)  (Telephone) ( 309 )823-7135 Fax # ( )  MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 |                             |   |

STATE OF ILLINOIS Page 2

| Facility Name & ID Number | r Heritage Mar          | 10r-Peru              |                     |                        |    | # 0038364 Report Period Beginning: 1/01/2002 Ending: 12/31/2002            |
|---------------------------|-------------------------|-----------------------|---------------------|------------------------|----|--|
| III. STATISTICAL          | DATA                    |                       |                     |                        |    | D. How many bed-hold days during this year were paid by Public Aid?        |
| A. Licensure/cei          | rtification level(s) of | care; enter number    | of beds/bed days,   |                        |    | (Do not include bed-hold days in Section B.)                               |
| (must agree w             | ith license). Date of   | change in licensed b  | eds                 |                        | _  |  |
|                           |                         |                       |                     |                        |    | E. List all services provided by your facility for non-patients.           |
| 1                         | 2                       |                       | 3                   | 4                      |    | (E.g., day care, "meals on wheels", outpatient therapy)                    |
|                           |                         |                       |                     |                        |    | NONE   |
| Beds at                   |                         |                       |                     | Licensed               |    |  |
| Beginning of              | Licensu                 | re                    | Beds at End of      | <b>Bed Days During</b> |    | F. Does the facility maintain a daily midnight census? YES                 |
| Report Period             | Level of C              | Care                  | Report Period       | Report Period          |    |  |
|                           |                         |                       |                     |                        |    | G. Do pages 3 & 4 include expenses for services or                         |
| 1 129                     | Skilled (SNF            | ,                     | 129                 | 47,085                 | 1  | investments not directly related to patient care?                          |
| 2                         |                         | atric (SNF/PED)       |                     |                        | 2  | YES NO XX  |
| 3 0                       | Intermediate            |                       | 0                   | 0                      | 3  |  |
| 4                         | Intermediate            |                       |                     |                        | 4  | H. Does the BALANCE SHEET (page 17) reflect any non-care assets?           |
| 5 0                       | Sheltered Ca            |                       | 0                   | 0                      | 5  | YES NO XX  |
| 6                         | ICF/DD 16 c             | or Less               |                     |                        | 6  | I. On what date did you start providing long term care at this location?   |
| 7 129                     | TOTALS                  |                       | 129                 | 47,085                 | 7  | Date started 1965  |
| 7 127                     | TOTALS                  |                       | 127                 | 47,000                 |    | Date started 1705  |
|                           |                         |                       |                     |                        |    | J. Was the facility purchased or leased after January 1, 1978?             |
| B. Census-For t           | he entire report per    | iod.                  |                     |                        |    | YES Date 1965 NO xx  |
| 1                         | 2                       | 3                     | 4                   | 5                      |    |  |
| Level of Care             | Patient Days            | by Level of Care an   | d Primary Source of | Payment                |    | K. Was the facility certified for Medicare during the reporting year?      |
|                           | Public Aid              |                       |                     | T                      |    | YES NO xx If YES, enter number   |
|                           | Recipient               | Private Pay           | Other               | Total                  |    | of beds certified and days of care provided 4,718                          |
| 8 SNF                     | 25,240                  | 12,419                | 4,718               | 42,377                 | 8  |  |
| 9 SNF/PED                 |                         |                       | 0                   |                        | 9  | Medicare Intermediary  |
| 10 ICF                    |                         |                       |                     |                        | 10 |  |
| 11 ICF/DD                 |                         |                       |                     |                        | 11 | IV. ACCOUNTING BASIS   |
| 12 SC                     | 0                       | 0                     | 0                   |                        | 12 | MODIFIED   |
| 13 DD 16 OR LESS          |                         |                       |                     |                        | 13 | ACCRUAL XX CASH* CASH*   |
| 14 TOTALS                 | 25,240                  | 12,419                | 4,718               | 42,377                 | 14 | Is your fiscal year identical to your tax year? YES XX NO                  |
|                           |                         | line 14 divided by to | tal licensed        |                        |    | Tax Year: Fiscal Year:   |
| bed days on l             | ine 7, column 4.)       | 90.00%                | =                   |                        |    | * All facilities other than governmental must report on the accrual basis. |

| STATE OF ILL | INOIS   |                         |           |         | Page |
|--------------|---------|-------------------------|-----------|---------|------|
| #            | 0038364 | Donart Pariod Reginning | 1/01/2002 | Ending: | 17/  |

|     | Facility Name & ID Number                         | Heritage Manor |                 |                                      | STATE OF ILL   | INOIS<br>0038364      | Report Period         | Beginning: | 1/01/2002         | Ending: | Page 3<br>12/31/2002 | _   |
|-----|---|----------------|-----------------|--------------------------------------|----------------|-----------------------|-----------------------|------------|-------------------|---------|----------------------|-----|
|     | V. COST CENTER EXPENSES (through                  | C              | osts Per Genera | the nearest do<br>Il Ledger<br>Other | llar)<br>Total | Reclass-<br>ification | Reclassified<br>Total | Adjust-    | Adjusted<br>Total | FOR OHE | USE ONLY             |     |
|     | Operating Expenses A. General Services            | Salary/Wage    | Supplies<br>2   | other<br>3                           | 1 otai<br>4    |                       | 1 otai<br>6           | ments<br>7 | 1 otai<br>8       | 9       | 10                   |     |
| 1   | Dietary   | 240,487        | 15,508          | 3                                    | 255,995        | 5                     | 255,995               | 4,420      | 260,415           | 9       | 10                   | 1   |
| 2   | Food Purchase                                     | 240,467        | 162,782         |                                      | 162,782        |                       | 162,782               | (857)      | 161,925           |         |                      | 2   |
| 3   | Housekeeping                                      | 90,952         | 23,460          |                                      | 114,412        |                       | 114,412               | (637)      | 114,412           |         |                      | 3   |
| 4   | Laundry   | 61,628         | 16,555          |                                      | 78,183         |                       | 78,183                |            | 78,183            |         |                      | 4   |
| 5   | Heat and Other Utilities                          | 01,020         | 10,555          | 106,697                              | 106,697        |                       | 106,697               | 1,375      | 108,072           |         |                      | 5   |
| 6   | Maintenance                                       | 104,655        | 43,492          | 19,805                               | 167,952        |                       | 167,952               | 11,894     | 179,846           |         |                      | 6   |
| 7   | Other (specify):*                                 | 104,033        | 43,492          | 19,003                               | 107,332        |                       | 107,932               | 11,074     | 179,040           |         |                      | 7   |
|     | (1 37   |                |                 |                                      |                |                       |                       |            |                   |         |                      | +   |
| 8   | TOTAL General Services                            | 497,722        | 261,797         | 126,502                              | 886,021        |                       | 886,021               | 16,832     | 902,853           |         |                      | 8   |
|     | B. Health Care and Programs                       |                |                 |                                      |                |                       |                       |            |                   |         |                      |     |
| 9   | Medical Director                                  |                |                 | 4,550                                | 4,550          |                       | 4,550                 |            | 4,550             |         |                      | 9   |
| 10  | Nursing and Medical Records                       | 1,642,525      | 144,989         | 9,161                                | 1,796,675      |                       | 1,796,675             |            | 1,796,675         |         |                      | 10  |
| 10a | Therapy   |                | 211,019         | 189,916                              | 400,935        | (302,892)             | 98,043                | 81,022     | 179,065           |         |                      | 10a |
| 11  | Activities  | 90,236         | 4,024           |                                      | 94,260         |                       | 94,260                |            | 94,260            |         |                      | 11  |
| 12  | Social Services                                   | 29,715         | 141             | 4,739                                | 34,595         |                       | 34,595                |            | 34,595            |         |                      | 12  |
| 13  | Nurse Aide Training                               |                |                 |                                      |                |                       |                       | 2,457      | 2,457             |         |                      | 13  |
| 14  | Program Transportation                            |                |                 |                                      |                |                       |                       |            |                   |         |                      | 14  |
| 15  | Other (specify):*                                 |                |                 |                                      |                |                       |                       |            |                   |         |                      | 15  |
| 16  | TOTAL Health Care and Programs                    | 1,762,476      | 360,173         | 208,366                              | 2,331,015      | (302,892)             | 2,028,123             | 83,479     | 2,111,602         |         |                      | 16  |
|     | C. General Administration                         |                |                 |                                      |                |                       |                       |            |                   |         |                      |     |
| 17  | Administrative                                    | 79,636         |                 |                                      | 79,636         |                       | 79,636                | 114,230    | 193,866           |         |                      | 17  |
| 18  | Directors Fees                                    |                |                 |                                      |                |                       |                       | 6,063      | 6,063             |         |                      | 18  |
| 19  | Professional Services                             |                |                 | 328,740                              | 328,740        |                       | 328,740               | (317,325)  | 11,415            |         |                      | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions            |                |                 | 111,329                              | 111,329        | (70,628)              | 40,701                | (18,075)   | 22,626            |         |                      | 20  |
| 21  | Clerical & General Office Expenses                | 132,941        | 11,683          | 21,047                               | 165,671        |                       | 165,671               | 240,270    | 405,941           |         |                      | 21  |
| 22  | Employee Benefits & Payroll Taxes                 |                |                 | 485,467                              | 485,467        |                       | 485,467               | 31,418     | 516,885           |         |                      | 22  |
| 23  | Inservice Training & Education                    |                |                 | 687                                  | 687            |                       | 687                   | 987        | 1,674             |         |                      | 23  |
| 24  | Travel and Seminar                                |                |                 | 10,211                               | 10,211         |                       | 10,211                | (8,212)    | 1,999             |         |                      | 24  |
| 25  | Other Admin. Staff Transportation                 |                |                 |                                      |                |                       |                       |            |                   |         |                      | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                   |                |                 | 47,936                               | 47,936         |                       | 47,936                | 2,314      | 50,250            |         |                      | 26  |
| 27  | Other (specify):*                                 |                |                 | 26,129                               | 26,129         |                       | 26,129                | (24,365)   | 1,764             |         |                      | 27  |
| 28  | TOTAL General Administration                      | 212,577        | 11,683          | 1,031,546                            | 1,255,806      | (70,628)              | 1,185,178             | 27,305     | 1,212,483         |         |                      | 28  |
| 29  | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 2,472,775      | 633,653         | 1,366,414                            | 4,472,842      | (373,520)             | 4,099,322             | 127,616    | 4,226,938         |         |                      | 29  |

\*\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

#0038364

Report Period Beginning: 1/01/2002 Ending: Page 4
1/01/2002 Ending: 12/31/2002

# V. COST CENTER EXPENSES (continued)

|    |                                    |             | Cost Per Gener | al Ledger |           | Reclass-  | Reclassified | Adjust- | Adjusted  | FOR OHE | USE ONLY |    |
|----|------------------------------------|-------------|----------------|-----------|-----------|-----------|--------------|---------|-----------|---------|----------|----|
|    | Capital Expense                    | Salary/Wage | Supplies       | Other     | Total     | ification | Total        | ments   | Total     |         |          |    |
|    | D. Ownership                       | 1           | 2              | 3         | 4         | 5         | 6            | 7       | 8         | 9       | 10       |    |
| 30 | r                                  |             |                | 141,111   | 141,111   |           | 141,111      | 18,028  | 159,139   |         |          | 30 |
| 31 | Amortization of Pre-Op. & Org.     |             |                |           |           |           |              |         |           |         |          | 31 |
| 32 | Interest                           |             |                | 114,038   | 114,038   |           | 114,038      | 244     | 114,282   |         |          | 32 |
| 33 | Real Estate Taxes                  |             |                | 33,453    | 33,453    |           | 33,453       |         | 33,453    |         |          | 33 |
| 34 | Rent-Facility & Grounds            |             |                |           |           |           |              | 8,669   | 8,669     |         |          | 34 |
| 35 | Rent-Equipment & Vehicles          |             |                | 6,150     | 6,150     |           | 6,150        | 14,415  | 20,565    |         |          | 35 |
| 36 | Other (specify):*                  |             |                |           |           |           |              |         |           |         |          | 36 |
| 37 | TOTAL Ownership                    |             |                | 294,752   | 294,752   |           | 294,752      | 41,356  | 336,108   |         |          | 37 |
|    | Ancillary Expense                  |             |                |           |           |           |              |         |           |         |          |    |
|    | E. Special Cost Centers            |             |                |           |           |           |              |         |           |         |          |    |
| 38 | Medically Necessary Transportation |             |                |           |           |           |              |         |           |         |          | 38 |
| 39 | Ancillary Service Centers          |             |                |           |           | 302,892   | 302,892      |         | 302,892   |         |          | 39 |
| 40 | Barber and Beauty Shops            |             | 1,202          | 16,244    | 17,446    |           | 17,446       |         | 17,446    |         |          | 40 |
| 41 | Coffee and Gift Shops              |             |                |           |           |           |              |         |           |         |          | 41 |
| 42 | Provider Participation Fee         |             |                |           |           | 70,628    | 70,628       |         | 70,628    |         |          | 42 |
| 43 | Other (specify):*                  |             |                |           |           |           |              |         |           |         |          | 43 |
| 44 | TOTAL Special Cost Centers         |             | 1,202          | 16,244    | 17,446    | 373,520   | 390,966      |         | 390,966   |         |          | 44 |
|    | GRAND TOTAL COST                   |             |                |           |           |           |              |         |           |         |          |    |
| 45 | (sum of lines 29, 37 & 44)         | 2,472,775   | 634,855        | 1,677,410 | 4,785,040 |           | 4,785,040    | 168,972 | 4,954,012 |         |          | 45 |

<sup>\*</sup>Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Heritage Manor-Peru

# 0038364

**Report Period Beginning:** 

1/01/2002

Ending:

Page 5 12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

|    | In column NON-ALLOWABLE EXPENSES                                | 2 below, reference the large l | Refer-<br>ence | OHF USE<br>ONLY | lar co   |
|----|---|--|----------------|-----------------|----------|
| 1  | Day Care  | S  | CHCC           | S               | 1        |
| 2  | Other Care for Outpatients                                      | Ψ  |                | Ψ               | 2        |
| 3  | Governmental Sponsored Special Programs                         |  |                |                 | 3        |
| 4  | Non-Patient Meals   |  |                |                 | 4        |
| 5  | Telephone, TV & Radio in Resident Rooms                         | (2,732)  | 35             |                 | 5        |
| 6  | Rented Facility Space   | (2,702)  | 34             |                 | 6        |
| 7  | Sale of Supplies to Non-Patients                                |  | -              |                 | 7        |
| 8  | Laundry for Non-Patients  |  |                |                 | 8        |
| 9  | Non-Straightline Depreciation                                   | 6,740  | 30             |                 | 9        |
| 10 | Interest and Other Investment Income                            | (39)   | 32             |                 | 10       |
| 11 | Discounts, Allowances, Rebates & Refunds                        | ()   |                |                 | 11       |
| 12 | Non-Working Officer's or Owner's Salary                         |  |                |                 | 12       |
| 13 | Sales Tax   | (857)  | 2              |                 | 13       |
| 14 | Non-Care Related Interest                                       | ,  | 32             |                 | 14       |
| 15 | Non-Care Related Owner's Transactions                           |  | 33             |                 | 15       |
| 16 | Personal Expenses (Including Transportation)                    |  | 24             |                 | 16       |
| 17 | Non-Care Related Fees   | (619)  | 20             |                 | 17       |
| 18 | Fines and Penalties   |  |                |                 | 18       |
| 19 | Entertainment   | (15,890)   | 24             |                 | 19       |
| 20 | Contributions   | (365)  | 27             |                 | 20       |
| 21 | Owner or Key-Man Insurance                                      |  |                |                 | 21       |
| 22 | Special Legal Fees & Legal Retainers                            | (347)  | 19             |                 | 22       |
| 23 | Malpractice Insurance for Individuals                           |  |                |                 | 23       |
| 24 | Bad Debt  | (24,000)   | 27             |                 | 24       |
| 25 | Fund Raising, Advertising and Promotional                       | (22,157)   | 20             |                 | 25       |
|    | Income Taxes and Illinois Personal                              |  |                |                 |          |
| 26 | Property Replacement Tax  |  |                |                 | 26       |
| 27 | Nurse Aide Training for Non-Employees                           |  |                |                 | 27       |
| 28 | Yellow Page Advertising Other-Attach Schedule Real estate taxes |  | 33             |                 | 28<br>29 |
|    |   | 0 ((0.2())   | 33             | 0               |          |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                               | \$ (60,266)  |                | \$              | 30       |

|    | OHF USE ONL | Y  |    |    |    |  |
|----|-------------|----|----|----|----|--|
| 48 |             | 49 | 50 | 51 | 52 |  |

# B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

|    |                                      | 1          | 2         |
|----|--------------------------------------|------------|-----------|
|    |                                      | Amount     | Reference |
| 31 | Non-Paid Workers-Attach Schedule*    | \$         | 31        |
| 32 | Donated Goods-Attach Schedule*       |            | 32        |
|    | Amortization of Organization &       |            |           |
| 33 | Pre-Operating Expense                |            | 33        |
|    | Adjustments for Related Organization |            |           |
| 34 | Costs (Schedule VII)                 | 229,238    | 34        |
| 35 | Other- Attach Schedule               |            | 35        |
| 36 | SUBTOTAL (B): (sum of lines 31-35)   | \$ 229,238 | 36        |
|    | (sum of SUBTOTALS                    |            |           |
| 37 | TOTAL ADJUSTMENTS (A) and (B))       | \$ 168,972 | 37        |

<sup>\*</sup>These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions)

| (56 | e instructions.)                | 1   | 2  | 3      | 4         |    |
|-----|---------------------------------|-----|----|--------|-----------|----|
|     |                                 | Yes | No | Amount | Reference |    |
| 38  | Medically Necessary Transport.  |     |    | \$     |           | 38 |
| 39  |                                 |     |    |        |           | 39 |
| 40  | Gift and Coffee Shops           |     |    |        |           | 40 |
| 41  | Barber and Beauty Shops         |     |    |        |           | 41 |
| 42  | Laboratory and Radiology        |     |    |        |           | 42 |
| 43  | Prescription Drugs              |     |    |        |           | 43 |
| 44  | Exceptional Care Program        |     |    |        |           | 44 |
| 45  | Other-Attach Schedule           |     |    |        |           | 45 |
| 46  | Other-Attach Schedule           |     |    |        |           | 46 |
| 47  | TOTAL (C): (sum of lines 38-46) |     |    | \$     |           | 47 |

Page 5A

Heritage Manor-Peru

Report Period Beginning: Ending:

| 0038364    |  |
|------------|--|
| 1/01/2002  |  |
| 12/31/2002 |  |

Sch. V Line

|    | NON-ALLOWABLE EXPENSES | Amount       | Reference |    |
|----|------------------------|--------------|-----------|----|
| 1  |                        | \$<br>0      | 0         | 1  |
| 2  |                        | 0            | 0         | 2  |
| 3  |                        | 0            | 0         | 3  |
| 4  |                        | 0            | 0         | 4  |
| 5  |                        | (2,732)      | 35        | 5  |
| 6  |                        | 0            | 34        | 6  |
| 7  |                        | 0            |           | 7  |
| 8  |                        | 0            |           | 8  |
| 9  |                        | 6,740        | 30        | 9  |
| 10 |                        |              | 32        | 10 |
| 11 |                        | 0            |           | 11 |
| 12 |                        | 0            |           | 12 |
| 13 |                        | (857)        | 2         | 13 |
| 14 |                        | 0            | 32        | 14 |
| 15 |                        | 0            | 33        | 15 |
| 16 |                        | 0            | 24        | 16 |
| 17 |                        | (619)        | 20        | 17 |
| 18 |                        | 0            |           | 18 |
| 19 |                        |              | 24        | 19 |
| 20 |                        | (365)        | 27        | 20 |
| 21 |                        | 0            |           | 21 |
| 22 |                        | (347)        | 19        | 22 |
| 23 |                        | 0            |           | 23 |
| 24 |                        | (24,000)     | 27        | 24 |
| 25 |                        | (22,157)     | 20        | 25 |
| 26 |                        | 0            | 0         | 26 |
| 27 |                        | 0            | 0         | 27 |
| 28 |                        | 0            | 0         | 28 |
| 29 |                        | 0            | 0         | 29 |
| 30 |                        | 0            | 0         | 30 |
| 31 |                        | 0            | 0         | 31 |
| 32 |                        |              |           | 32 |
| 33 |                        | 0            | 33        | 33 |
| 34 |                        | 0            | - 33      | 34 |
| 35 |                        |              |           | 35 |
| 36 |                        |              |           | 36 |
| 37 |                        |              |           | 37 |
| 38 |                        |              |           | 38 |
| 39 |                        |              |           | 39 |
| 40 |                        |              |           | 40 |
| 41 |                        |              |           | 41 |
| _  |                        |              |           |    |
| 42 |                        |              |           | 42 |
| 44 |                        |              |           | 43 |
| 45 |                        |              |           | 45 |
| 46 |                        |              |           | 46 |
| 47 |                        |              |           |    |
| _  |                        |              |           | 47 |
| 48 | Total                  | <br>(44.00=) |           | 48 |
| 49 | Total                  | (44,337)     |           | 49 |

Summary A Facility Name & ID Number Heritage Manor-Peru
SUMMARY OF PAGES 5. 5A, 6. 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I # 0038364 Report Period Beginning: 1/01/2002 12/31/2002 **Ending:** 

|     | SUMMARY OF PAGES 5, 5A, 6, 6A      | A, 6B, 6C, 6D, 0 | 6E, 6F, 6G, 6H | I AND 6I |      |      |      |      |      |            |      |      |                   |     |
|-----|------------------------------------|------------------|----------------|----------|------|------|------|------|------|------------|------|------|-------------------|-----|
|     |                                    |                  |                |          |      |      |      |      |      |            |      |      | SUMMARY           |     |
|     | Operating Expenses                 | PAGES            | PAGE           | PAGE     | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE       | PAGE | PAGE | TOTALS            |     |
|     | A. General Services                | 5 & 5A           | 6              | 6A       | 6B   | 6C   | 6D   | 6E   | 6F   | 6 <b>G</b> | 6H   | 6I   | (to Sch V, col.7) | )   |
| 1   | Dietary                            | 0                | 0              | 4,420    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 4,420             | 1   |
| 2   | Food Purchase                      | (857)            | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (857)             | 2   |
| 3   | Housekeeping                       | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 3   |
| 4   | Laundry                            | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 4   |
| 5   | Heat and Other Utilities           | 0                | 0              | 1,375    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 1,375             | 5   |
| 6   | Maintenance                        | 0                | 0              | 11,894   | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 11,894            | 6   |
| 7   | Other (specify):*                  | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 7   |
| 8   | TOTAL General Services             | (857)            | 0              | 17,689   | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 16,832            | 8   |
|     | B. Health Care and Programs        |                  |                |          |      |      |      |      |      |            |      |      |                   |     |
| 9   | Medical Director                   | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 9   |
| 10  | Nursing and Medical Records        | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 10  |
| 10a | Therapy                            | 0                | 81,022         | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 81,022            | 10a |
| 11  | Activities                         | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 11  |
| 12  | Social Services                    | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 12  |
| 13  | Nurse Aide Training                | 0                | 0              | 2,457    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 2,457             | 13  |
| 14  | Program Transportation             | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 14  |
| 15  | Other (specify):*                  | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 15  |
| 16  | TOTAL Health Care and Programs     | 0                | 81,022         | 2,457    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 83,479            | 16  |
|     | C. General Administration          |                  |                |          |      |      |      |      |      |            |      |      |                   |     |
| 17  | Administrative                     | 0                | 0              | 114,230  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 114,230           | 17  |
| 18  | Directors Fees                     | 0                | 0              | 6,063    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 6,063             | 18  |
| 19  | Professional Services              | (347)            | (328,393)      | 11,415   | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (317,325)         | 19  |
| 20  | Fees, Subscriptions & Promotions   | (22,776)         | 0              | 4,701    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (18,075)          | 20  |
| 21  | Clerical & General Office Expenses | 0                | 0              | 240,270  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 240,270           | 21  |
| 22  | Employee Benefits & Payroll Taxes  | 0                | 0              | 31,418   | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    |                   | 22  |
| 23  | Inservice Training & Education     | 0                | 0              | 987      | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 987               | 23  |
| 24  | Travel and Seminar                 | (15,890)         | 0              | 7,678    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (8,212)           | 24  |
| 25  | Other Admin. Staff Transportation  | 0                | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0                 | 25  |
| 26  | Insurance-Prop.Liab.Malpractice    | 0                | 0              | 2,314    | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 2,314             | 26  |
| 27  | Other (specify):*                  | (24,365)         | 0              | 0        | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | (24,365)          | 27  |
| 28  | TOTAL General Administration       | (63,378)         | (328,393)      | 419,076  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 27,305            | 28  |
|     | TOTAL Operating Expense            |                  |                |          |      |      |      |      |      |            |      |      |                   |     |
| 29  | (sum of lines 8,16 & 28)           | (64,235)         | (247,371)      | 439,222  | 0    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 127,616           | 29  |

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Peru # 0038364 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

# SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

|    |                                    |          |           |         |        |      |      |      |      |            |      |      | SUMMARY         |     |
|----|------------------------------------|----------|-----------|---------|--------|------|------|------|------|------------|------|------|-----------------|-----|
|    | Capital Expense                    | PAGES    | PAGE      | PAGE    | PAGE   | PAGE | PAGE | PAGE | PAGE | PAGE       | PAGE | PAGE | TOTALS          |     |
|    | D. Ownership                       | 5 & 5A   | 6         | 6A      | 6B     | 6C   | 6D   | 6E   | 6F   | 6 <b>G</b> | 6H   | 6I   | (to Sch V, col. | .7) |
| 30 | Depreciation                       | 6,740    | 0         | 0       | 11,288 | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 18,028          | 30  |
| 31 | Amortization of Pre-Op. & Org.     | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 31  |
| 32 | Interest                           | (39)     | 0         | 0       | 283    | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 244             | 32  |
| 33 | Real Estate Taxes                  | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 33  |
| 34 | Rent-Facility & Grounds            | 0        | 0         | 0       | 8,669  | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 8,669           | 34  |
| 35 | Rent-Equipment & Vehicles          | (2,732)  | 0         | 0       | 17,147 | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 14,415          | 35  |
| 36 | Other (specify):*                  | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 36  |
| 37 | TOTAL Ownership                    | 3,969    | 0         | 0       | 37,387 | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 41,356          | 37  |
|    | Ancillary Expense                  |          |           |         |        |      |      |      |      |            |      |      |                 |     |
|    | E. Special Cost Centers            |          |           |         |        |      |      |      |      |            |      |      |                 |     |
| 38 | Medically Necessary Transportation | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 38  |
| 39 | Ancillary Service Centers          | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 39  |
| 40 | Barber and Beauty Shops            | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 40  |
| 41 | Coffee and Gift Shops              | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 41  |
| 42 | Provider Participation Fee         | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 42  |
| 43 | Other (specify):*                  | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 43  |
| 44 | TOTAL Special Cost Centers         | 0        | 0         | 0       | 0      | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 0               | 44  |
|    | GRAND TOTAL COST                   |          |           |         |        |      |      |      |      |            |      |      |                 |     |
| 45 | (sum of lines 29, 37 & 44)         | (60,266) | (247,371) | 439,222 | 37,387 | 0    | 0    | 0    | 0    | 0          | 0    | 0    | 168,972         | 45  |

0038364

Report Period Beginning:

A Finter below the names of ALL owners and related organizations (narties) as defined in the instructions. Attach an additional schedule if necessary

| t. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary. |  |                   |           |                                 |      |                  |  |  |  |
|--|--|-------------------|-----------|---------------------------------|------|------------------|--|--|--|
| 1  |  | 2                 | 3         |                                 |      |                  |  |  |  |
| OWNERS   |  | RELATED NURSING I | OTHER REL | OTHER RELATED BUSINESS ENTITIES |      |                  |  |  |  |
| Name Ownership %   |  | Name              | City      | Name                            | City | Type of Business |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |
|  |  |                   |           |                                 |      |                  |  |  |  |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form

| _   | -       | -    | for determining costs as specified i |              |                                |           | _              | 0 70 100             |    |
|-----|---------|------|--------------------------------------|--------------|--------------------------------|-----------|----------------|----------------------|----|
|     | 1       | 2    | 3 Cost Per General Ledger            | 4            | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |    |
|     |         |      |                                      |              |                                | Percent   | Operating Cost | Adjustments for      |    |
| Sch | edule V | Line | Item                                 | Amount       | Name of Related Organization   | of        | of Related     | Related Organization |    |
| Sen | cuuic v | Line | rem                                  | rimount      | Tunic of Related Organization  |           |                |                      |    |
|     |         |      |                                      |              |                                | Ownership | Organization   | Costs (7 minus 4)    |    |
| 1   | V       |      |                                      | \$           |                                |           | \$             | \$                   | 1  |
| 2   | V       | 10a  | Adjustment for Related Organizat     | tion 75,292  | GreenTree Therapy              | 100.00%   | 62,949         | (12,343)             | 2  |
| 3   | V       |      |                                      |              |                                |           |                |                      | 3  |
| 4   | V       | 19   | Adjustment for Related Organizat     | tion 328,393 | Heritage Enterprises, Inc.     | 100.00%   |                | (328,393)            | 4  |
| - 5 | V       |      |                                      |              |                                |           |                |                      | 5  |
| 6   | V       | 10a  | Adjustment for Related Organizat     | tion 211,164 | GreenTree Pharmacy             | 100.00%   | 304,529        | 93,365               | 6  |
| 7   | V       |      |                                      |              |                                |           |                |                      | 7  |
| 8   | V       |      |                                      |              |                                |           |                |                      | 8  |
| 9   | V       |      |                                      |              |                                |           |                |                      | 9  |
| 10  | V       |      |                                      |              |                                |           |                |                      | 10 |
| 11  | V       |      |                                      |              |                                |           | ·              |                      | 11 |
| 12  | V       |      |                                      |              |                                |           |                |                      | 12 |
| 13  | V       |      |                                      |              |                                |           |                |                      | 13 |
| 14  | Total   |      |                                      | \$ 614,849   |                                |           | \$ 367,478     | \$ * (247,371)       | 14 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

| STATE OF ILLINOIS Pa | ge 6A | 4 |  |
|----------------------|-------|---|--|
|----------------------|-------|---|--|

| Facility Name & ID Number  | Heritage Manor-Peru                          |                           | #                    | 0038364 | Report Period Beginning: | 1/01/2002 | Ending: | 12/31/2002 |
|--|--|---------------------------|----------------------|---------|--------------------------|-----------|---------|------------|
| VII. RELATED PARTIES (continuation of the second of the se | is report which are a result of transactions | with related organization | ns? This includes re | nt,     |                          |           |         |            |

 $If yes, costs incurred \ as \ a \ result \ of \ transactions \ with \ related \ organizations \ must \ be \ fully \ itemized \ in \ accordance \ with$ 

the instructions for determining costs as specified for this form.

| 1      | ic mști u | 2    | or determining costs as specified for | 4      | 5 Coutto Bolotal Occasionation |           | 7               | 8 Difference:        |    |
|--------|-----------|------|---------------------------------------|--------|--------------------------------|-----------|-----------------|----------------------|----|
| 1      |           | 2    | 3 Cost Per General Ledger             | 4      | 5 Cost to Related Organization | 6         | /               |                      |    |
|        |           |      |                                       |        |                                | Percent   | Operating Cost  | Adjustments for      |    |
| Schedu | ule V     | Line | Item                                  | Amount | Name of Related Organization   | of        | of Related      | Related Organization |    |
|        |           |      |                                       |        |                                | Ownership | Organization    | Costs (7 minus 4)    |    |
| 15     | V         | 1    | Dietary                               | \$     | Heritage Enterprises, Inc.     | 100.00%   | <b>\$</b> 4,420 | \$ 4,420             | 15 |
| 16     | V         | 2    | Food Purchase                         |        |                                |           | 0               |                      | 16 |
| 17     | V         | 3    | Housekeeping                          |        |                                |           | 0               |                      | 17 |
| 18     | V         | 4    | Laundry                               |        |                                |           | 0               |                      | 18 |
| 19     | V         | 5    | Heat & Other Utilities                |        |                                |           | 1,375           | 1,375                | 19 |
| 20     | V         | 6    | Maintenance                           |        |                                |           | 11,894          | 11,894               | 20 |
| 21     | V         | 7    | Other                                 |        |                                |           | 0               |                      | 21 |
| 22     | V         | 9    | Medical Director                      |        |                                |           | 0               |                      | 22 |
| 23     | V         | 10   | Nursing & Medical Records             |        |                                |           | 0               |                      | 23 |
| 24     | V         | 11   | Activities                            |        |                                |           | 0               |                      | 24 |
| 25     | V         | 12   | Social Service                        |        |                                |           | 0               |                      | 25 |
| 26     | V         | 13   | Nurse Aide Training                   |        |                                |           | 2,457           | 2,457                | 26 |
| 27     | V         | 14   | Program Transportation                |        |                                |           | 0               |                      | 27 |
| 28     | V         | 15   | Other                                 |        |                                |           | 0               |                      | 28 |
| 29     | V         | 17   | Administrative                        |        |                                |           | 114,230         | 114,230              | 29 |
| 30     | V         | 18   | Directors Fees                        |        |                                |           | 6,063           | 6,063                | 30 |
| 31     | V         | 19   | Professional Services                 |        |                                |           | 11,415          | 11,415               | 31 |
| 32     | V         | 20   | Fees, Subscription, Promotions        |        |                                |           | 4,701           | 4,701                | 32 |
| 33     | V         | 21   | Clerical & General Office Expenses    |        |                                |           | 240,270         | 240,270              | 33 |
| 34     | V         | 22   | Employee Benefits & Payroll Taxes     |        |                                |           | 31,418          | 31,418               | 34 |
| 35     | V         | 23   | Inservice Training & Education        |        |                                |           | 987             | 987                  | 35 |
| 36     | V         | 24   | Travel and Seminar                    |        |                                |           | 7,678           | 7,678                | 36 |
| 37     | V         | 25   | Other Admin. Staff Transportation     |        |                                |           | 0               |                      | 37 |
| 38     | V         | 26   | Insurance-Prop.Liab.Malpract          |        |                                |           | 2,314           | 2,314                | 38 |
| 39 T   | otal      |      |                                       | \$     |                                |           | s 439,222       | s * 439,222          | 39 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

| STATE OF ILLINOIS | Page 6B |
|-------------------|---------|
|                   |         |

| Facility Name & ID Number  | Heritage Manor-Peru   | #                 | 0038364 | Report Period Beginning: | 1/01/2002 | Ending: | 12/31/2002 |  |
|--|---|-------------------|---------|--------------------------|-----------|---------|------------|--|
| VII. RELATED PARTIES (continu<br>B. Are any costs included in this<br>management fees, purchase of | report which are a result of transactions with related organizations? T   | This includes ren | t,      |                          |           |         |            |  |
| If yes costs incurred as a resu  | It of transactions with related organizations must be fully itemized in a | accordance with   |         |                          |           |         |            |  |

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

|      | tne instru | ictions i | or determining costs as specified for | this form. |                                |           |                |                      |    |
|------|------------|-----------|---------------------------------------|------------|--------------------------------|-----------|----------------|----------------------|----|
|      | 1          | 2         | 3 Cost Per General Ledger             | 4          | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |    |
|      |            |           |                                       |            |                                | Percent   | Operating Cost | Adjustments for      |    |
| Sche | dule V     | Line      | Item                                  | Amount     | Name of Related Organization   | of        | of Related     | Related Organization |    |
|      |            |           |                                       |            |                                | Ownership | Organization   | Costs (7 minus 4)    |    |
| 15   | V          | 27        | Other                                 | \$         | Heritage Enterprises, Inc.     | 100.00%   | s 0            | \$                   | 15 |
| 16   | V          | 30        | Depreciation                          |            |                                |           | 11,288         | 11,288               | 16 |
| 17   | V          | 31        | Amortization of Pre-Op & Org          |            |                                |           | 0              |                      | 17 |
| 18   | V          | 32        | Interest                              |            |                                |           | 283            | 283                  | 18 |
| 19   | V          | 33        | Real Estate Taxes                     |            |                                |           | 0              |                      | 19 |
| 20   | V          | 34        | Rent-Facility & Grounds               |            |                                |           | 8,669          | 8,669                | 20 |
| 21   | V          | 35        | Rent-Equipment & Vehicles             |            |                                |           | 17,147         | 17,147               | 21 |
| 22   | V          | 36        | Other                                 |            |                                |           | 0              |                      | 22 |
| 23   | V          | 38        | Medically Nec Transportation          |            |                                |           | 0              |                      | 23 |
| 24   | V          | 39        | Ancillary Service Centers             |            |                                |           | 0              |                      | 24 |
| 25   | V          | 40        | Barber and Beauty Shops               |            |                                |           | 0              |                      | 25 |
| 26   | V          | 41        | Coffee and Gift Shops                 |            |                                |           | 0              |                      | 26 |
| 27   | V          | 42        | Other                                 |            |                                |           | 0              |                      | 27 |
| 28   | V          |           |                                       |            |                                |           |                |                      | 28 |
| 29   | V          |           |                                       |            |                                |           |                |                      | 29 |
| 30   | V          |           |                                       |            |                                |           |                |                      | 30 |
| 31   | V          |           |                                       |            |                                |           |                |                      | 31 |
| 32   | V          |           |                                       |            |                                |           |                |                      | 32 |
| 33   | V          |           |                                       |            |                                |           |                |                      | 33 |
| 34   | V          |           |                                       |            |                                |           |                |                      | 34 |
| 35   | V          |           |                                       |            |                                |           |                |                      | 35 |
| 36   | V          |           |                                       |            |                                |           |                |                      | 36 |
| 37   | V          |           |                                       |            |                                |           |                |                      | 37 |
| 38   | V          |           |                                       |            |                                |           |                |                      | 38 |
| 39   | Total      |           |                                       | \$         |                                |           | s 37,387       | s * 37,387           | 39 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

Page 7 Heritage Manor-Peru 0038364 **Report Period Beginning:** 1/01/2002 12/31/2002 Facility Name & ID Number **Ending:** 

# VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

|    | 1                 | 2                            | 3          | 4         | 5              | (            | j .          | 7               |                 | 8               |    |
|----|-------------------|------------------------------|------------|-----------|----------------|--------------|--------------|-----------------|-----------------|-----------------|----|
|    |                   |                              |            |           |                | Average Hou  | rs Per Work  |                 |                 |                 | 1  |
|    |                   |                              |            |           | Compensation   | Week Devo    | oted to this | Compensatio     | on Included     | Schedule V.     | 1  |
|    |                   |                              |            |           | Received       | Facility and | % of Total   | in Costs        | for this        | Line &          | 1  |
|    |                   |                              |            | Ownership | From Other     | Work         | Week         | Reportin        | g Period**      | Column          | 1  |
|    | Name              | Title                        | Function   | Interest  | Nursing Homes* | Hours        | Percent      | Description     | Amount          | Reference       |    |
| 1  | Bill Froelich     | Chairman of Board            | Management | 26.00     | 397,396        | 5            | 100.00       | Director/Salar  | \$ 21,350       | line 17/18, col | 1  |
| 2  | Tom Jefferson     | Asst Secretary/Treasu        | Management | 10.00     | 390,860        | 5            | 100.00       | Director/Salar  | y <b>21,000</b> | line 17/18, col | 2  |
| 3  | Craig Hart        | Secretary/Treasurer          | Management | 20.00     | 343,058        | 10           | 100.00       | Director/Salar  | y 18,432        | line 17/18, col | 3  |
| 4  | Joe Warner        | President                    | Management | 2.50      | 370,366        | 40           | 100.00       | Director/Salar  | 19,899          | line 17/18, col | 4  |
| 5  | Bob Dickson       | <b>Executive Vice Presid</b> | Management | 0.80      | 92,266         | 40           | 100.00       | Salary          | 4,957           | line 17, col 7  | 5  |
| 6  | Cheryl Lowney     | <b>Executive Vice Presid</b> | Management | 0.30      | 186,564        | 50           | 100.00       | Director/Salary | y 10,024        | line 17/18, col | 6  |
| 7  | Steve Wannemacher | <b>Executive Vice Presid</b> | Management | 0.30      | 175,068        | 50           | 100.00       | Director/Salary | y 9,406         | line 17/18, col | 7  |
| 8  | Connie Hoselton   | Sr Vice President            | Management | 0.17      | 140,191        | 40           | 100.00       | Salary          | 7,532           | line 17, col 7  | 8  |
| 9  | Craig Ater        | Sr Vice President            | Management | 0.21      | 143,176        | 50           | 100.00       | Salary          | 7,693           | line 17, col 7  | 9  |
| 10 |                   |                              |            |           |                |              |              |                 |                 |                 | 10 |
| 11 |                   |                              |            |           |                |              |              |                 |                 |                 | 11 |
| 12 |                   |                              |            |           |                |              |              |                 |                 |                 | 12 |
| 13 |                   |                              |            |           |                |              |              | TOTAL           | \$ 120,293      |                 | 13 |

<sup>\*</sup> If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

<sup>\*\*</sup> This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME. ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

STATE OF ILLINOIS Page 8

# 0038364 Report Period Beginning: Facility Name & ID Number Heritage Manor-Peru 1/01/2002 Ending: 2/31/2002

# VIII. ALLOCATION OF INDIRECT COSTS

|  | Name of Related Organization |  |
|--|------------------------------|--|
| A. Are there any costs included in this report which were derived from allocations of central office | Street Address               |  |
| or parent organization costs? (See instructions.)  YES  NO  xx                                       | City / State / Zip Code      |  |
| <del>_</del>   | Phone Number                 |  |
| B. Show the allocation of costs below. If necessary, please attach worksheets.                       | Fax Number                   |  |

B. Show the allocation of costs below. If necessary, please attach worksheets.

|    | 1          | 2   | 3                        | 4           | 5               | 6               | 7                | 8        | 9                    |    |
|----|------------|---|--------------------------|-------------|-----------------|-----------------|------------------|----------|----------------------|----|
|    | Schedule V |   | Unit of Allocation       |             | Number of       | Total Indirect  | Amount of Salary |          |                      |    |
|    | Line       |   | (i.e.,Days, Direct Cost, |             | Subunits Being  | Cost Being      | Cost Contained   | Facility | Allocation           |    |
|    | Reference  | Item  | Square Feet)             | Total Units | Allocated Among | Allocated       | in Column 6      | Units    | (col.8/col.4)x col.6 |    |
| 1  | 1          | Dietary                                     | Beds                     | 2,401       | 24              | \$<br>82,266    | \$ 82,266        | 129      |                      | 1  |
| 2  | 2          | Food Purchase                               | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 2  |
| 3  | 3          | Housekeeping                                | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 3  |
| 4  | 4          | Laundry                                     | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 4  |
| 5  | 5          | Heat & Other Utilities                      | Beds                     | 2,401       | 24              | 25,593          | 0                | 129      | 1,375                | 5  |
| 6  | 6          | Maintenance                                 | Beds                     | 2,401       | 24              | 221,381         | 58,785           | 129      | 11,894               | 6  |
| 7  | 7          | Other                                       | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 7  |
| 8  | 9          | Medical Director                            | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 8  |
| 9  | 10         | Nursing & Medical Records                   | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 9  |
| 10 | 11         |   | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 10 |
| 11 | 12         | Social Service                              | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 11 |
| 12 | 13         | Nurse Aide Training                         | Beds                     | 2,401       | 24              | 45,737          | 39,267           | 129      | 2,457                | 12 |
| 13 | 14         |   | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 13 |
| 14 | 15         |   | Beds                     | 2,401       | 24              | 0               | 0                | 129      | 0                    | 14 |
| 15 | 17         | Administrative                              | Beds                     | 2,401       | 24              | 2,126,096       | 2,126,096        | 129      | 114,230              | 15 |
| 16 |            | Directors Fees                              | Beds                     | 2,401       | 24              | 112,849         | 0                | 129      | 6,063                | 16 |
| 17 |            |   | Beds                     | 2,401       | 24              | 212,454         | 0                | 129      | 11,415               | 17 |
| 18 |            | ,     | Beds                     | 2,401       | 24              | 87,500          | 0                | 129      | 4,701                | 18 |
| 19 | 21         | Clerical & General Office Expense           |                          | 2,401       | 24              | 4,472,002       | 4,183,145        | 129      | 240,270              | 19 |
| 20 |            | <b>Employee Benefits &amp; Payroll Taxe</b> |                          | 2,401       | 24              | 584,769         | 0                | 129      | 31,418               | 20 |
| 21 |            | 8   | Beds                     | 2,401       | 24              | 18,362          | 0                | 129      | 987                  | 21 |
| 22 | 24         |   | Beds                     | 2,401       | 24              | 142,902         | 0                | 129      | 7,678                | 22 |
| 23 |            | Other Admin. Staff Transportatio            |                          | 2,401       | 24              | 0               | 0                | 129      | 0                    | 23 |
| 24 | 26         | Insurance-Prop.Liab.Malpract                | Beds                     | 2,401       | 24              | 43,070          | 0                | 129      | 2,314                | 24 |
| 25 | TOTALS     |   |                          |             |                 | \$<br>8,174,981 | \$ 6,489,559     |          | \$ 439,222           | 25 |

| STATE OF ILLINOIS | Page 8A |
|-------------------|---------|
|                   |         |

| Facility Name & ID Number Heritage Manor-Peru   | #         | 0038364 | Report Period Beginning: | 1/01/2002      | Ending: | 2/31/2002 |
|---|-----------|---------|--------------------------|----------------|---------|-----------|
| VIII. ALLOCATION OF INDIRECT COSTS  |           |         |                          |                |         |           |
|   |           |         | Name of Related          | d Organization |         |           |
| A. Are there any costs included in this report which were derived from allocations of central | ral offic | e       | Street Address           |                |         | -         |
| or parent organization costs? (See instructions.)  YES  NO                                    |           |         | City / State / Zip       | Code Code      |         |           |
|   |           |         | Phone Number             |                | ( )     |           |
| B. Show the allocation of costs below. If necessary, please attach worksheets.                |           |         | Fax Number               |                | ( )     |           |

|    | 1          | 2                              | 3                        | 4                  | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|--------------------------------|--------------------------|--------------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                                | Unit of Allocation       |                    | Number of       | Total Indirect | Amount of Salary |          |                      |    |
|    | Line       |                                | (i.e.,Days, Direct Cost, |                    | Subunits Being  | Cost Being     | Cost Contained   | Facility | Allocation           |    |
|    | Reference  | Item                           | Square Feet)             | <b>Total Units</b> | Allocated Among | Allocated      | in Column 6      | Units    | (col.8/col.4)x col.6 |    |
| 1  | 27         | Other                          | Beds                     | 2,401              | 24              | \$             | \$               | 129      | \$                   | 1  |
| 2  | 30         | Depreciation                   | Beds                     | 2,401              | 24              | 210,090        |                  | 129      | 11,288               | 2  |
| 3  | 31         | Amortization of Pre-Op & Org   | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 3  |
| 4  |            | Interest                       | Beds                     | 2,401              | 24              | 5,270          |                  | 129      | 283                  | 4  |
| 5  |            | Real Estate Taxes              | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 5  |
| 6  | 34         | Rent-Facility & Grounds        | Beds                     | 2,401              | 24              | 161,349        |                  | 129      | 8,669                | 6  |
| 7  | 35         | Rent-Equipment & Vehicles      | Beds                     | 2,401              | 24              | 319,142        |                  | 129      | 17,147               | 7  |
| 8  |            | Other                          | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 8  |
| 9  | 38         |                                | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 9  |
| 10 | 39         | Ancillary Service Centers      | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 10 |
| 11 |            | <b>Barber and Beauty Shops</b> | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 11 |
| 12 |            | Coffee and Gift Shops          | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 12 |
| 13 | 42         | Other                          | Beds                     | 2,401              | 24              |                |                  | 129      |                      | 13 |
| 14 |            |                                |                          |                    |                 |                |                  |          |                      | 14 |
| 15 |            |                                |                          |                    |                 |                |                  |          |                      | 15 |
| 16 |            |                                |                          |                    |                 |                |                  |          |                      | 16 |
| 17 |            |                                |                          |                    |                 |                |                  |          |                      | 17 |
| 18 |            |                                |                          |                    |                 |                |                  |          |                      | 18 |
| 19 |            |                                |                          |                    |                 |                |                  |          |                      | 19 |
| 20 |            |                                |                          |                    |                 |                |                  |          |                      | 20 |
| 21 |            |                                |                          |                    |                 |                |                  |          |                      | 21 |
| 22 |            |                                |                          |                    |                 |                |                  |          |                      | 22 |
| 23 |            |                                |                          |                    |                 |                |                  |          |                      | 23 |
| 24 |            |                                |                          |                    |                 |                |                  |          |                      | 24 |
| 25 | TOTALS     |                                |                          |                    |                 | \$ 695,851     | \$               |          | \$ 37,387            | 25 |

|                           |                     | STATE OF ILLINOIS                                    | Page 9     |
|---------------------------|---------------------|--|------------|
| Facility Name & ID Number | Heritage Manor-Peru | # 0038364 Report Period Reginning: 1/01/2002 Ending: | 12/31/2002 |

# IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

|    | 1                            | 2         | 3               | 4                | 5        | 6            | 7            | 8        | 9          | 10         |      |
|----|------------------------------|-----------|-----------------|------------------|----------|--------------|--------------|----------|------------|------------|------|
|    |                              |           |                 |                  |          |              |              |          |            | Reporting  |      |
|    |                              |           |                 | Monthly          |          |              |              | Maturity | Interest   | Period     |      |
|    | Name of Lender               | Related** | Purpose of Loan | Payment          | Date of  | Amou         | ınt of Note  | Date     | Rate       | Interest   |      |
|    |                              | YES NO    |                 | Required         | Note     | Original     | Balance      |          | (4 Digits) | Expense    |      |
|    | A. Directly Facility Related |           |                 |                  |          |              |              |          |            |            |      |
|    | Long-Term                    |           |                 |                  |          |              |              |          |            |            |      |
| 1  | LaSalle National Bank        |           | Mortage         | 4,640 plus Inter | 01/15/99 | \$ 3,269,400 | \$ 2,047,758 | 01/15/06 | variable   | \$ 83,621  | 1    |
| 2  | LaSalle Loan Amortization    | XX        | Mortgage        |                  |          |              |              |          |            | 8,318      | 2    |
| 3  |                              |           |                 |                  |          |              |              |          |            |            | 3    |
| 4  |                              |           |                 |                  |          |              |              |          |            |            | 4    |
| 5  |                              |           |                 |                  |          |              |              |          |            |            | 5    |
|    | Working Capital              | ·         |                 |                  |          |              |              |          |            |            |      |
| 6  | Central Office Allocation    | XX        | Working Capital |                  |          |              |              |          |            | 22,099     | 6    |
| 7  | Central Office Allocation    | XX        | Working Capital |                  |          |              |              |          |            | 283        | 7    |
| 8  |                              |           |                 |                  |          |              |              |          |            |            | 8    |
|    |                              |           |                 |                  |          |              |              |          |            |            |      |
| 9  | TOTAL Facility Related       |           |                 |                  |          | \$ 3,269,400 | \$ 2,047,758 |          |            | \$ 114,321 | 9    |
|    | B. Non-Facility Related*     |           |                 |                  |          |              |              |          |            |            |      |
| 10 | Interest Income              |           |                 |                  |          |              |              |          |            | (39)       | 10   |
| 11 |                              |           |                 |                  |          |              |              |          |            |            | 11   |
| 12 |                              |           |                 |                  |          |              |              |          |            |            | 12   |
| 13 |                              |           |                 |                  |          |              |              |          |            |            | 13   |
|    |                              |           |                 |                  |          |              |              |          |            |            |      |
| 14 | TOTAL Non-Facility Related   |           |                 |                  |          | \$           | \$           |          |            | \$ (39)    | ) 14 |
|    |                              |           |                 |                  |          |              |              |          |            |            |      |
| 15 | TOTALS (line 9+line14)       |           |                 |                  |          | \$ 3,269,400 | \$ 2,047,758 |          |            | \$ 114,282 | 15   |

| 16) | Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. | \$<br>Line # |  |
|-----|--|--------------|--|
|     |  |              |  |

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
# 0038364 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

Facility Name & ID Number Heritage Manor-Peru

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

| B. Real Estate Taxes  |   |                        |                              |              |         |    |  |  |  |  |
|---|---|------------------------|------------------------------|--------------|---------|----|--|--|--|--|
| Real Estate Tax accrual used on 2001 report.  | <i>Important</i> , please see the next worksheet, "R bill must accompany the cost report.   | E_Tax". The real       | estate tax statement and     | 6            | 37,533  | 1  |  |  |  |  |
| 1. Real Estate Tax accidal used oil 2001 lepoit.  | am made addempany and destriction   |                        |                              | 3            | 37,333  | 1  |  |  |  |  |
| 2. Real Estate Taxes paid during the year: (Indicate the t  | ax year to which this payment applies. If payment covers  | more than one year, de | tail below.)                 | s            | 34,627  | 2  |  |  |  |  |
| 3. Under or (over) accrual (line 2 minus line 1).   |   |                        |                              | s            | (2,906) | 3  |  |  |  |  |
| 4. Real Estate Tax accrual used for 2002 report. (Detail  | and explain your calculation of this accrual on the lines be  | elow.)                 |                              | s            | 36,359  | 4  |  |  |  |  |
|   | Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.  Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) |                        |                              |              |         |    |  |  |  |  |
| 6. Subtract a refund of real estate taxes. You must offse classified as a real estate tax cost plus one-half of any TOTAL REFUND \$ For | s   |                        | 6                            |              |         |    |  |  |  |  |
| 7. Real Estate Tax expense reported on Schedule V, line   | 33. This should be a combination of lines 3 thru 6.   |                        |                              | s            | 33,453  | 7  |  |  |  |  |
| Real Estate Tax History:  |   |                        |                              |              |         |    |  |  |  |  |
| Real Estate Tax Bill for Calendar Year: 1997  | 8   |                        | FOR OHF USE ONLY             |              |         | П  |  |  |  |  |
| 1998<br>1999  | 9 10  | 13                     | FROM R. E. TAX STATEMENT FOR | R 2001 \$    |         | 13 |  |  |  |  |
| 2000<br>2001  | 11 12   | 14                     | PLUS APPEAL COST FROM LINE   | 5 <b>\$</b>  | ·       | 14 |  |  |  |  |
|   |   | 15                     | LESS REFUND FROM LINE 6      | \$           |         | 15 |  |  |  |  |
|   |   | 16                     | AMOUNT TO USE FOR RATE CAL   | .CULATION \$ |         | 16 |  |  |  |  |

NOTES:

- 1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an
  application for real estate tax exemption unless the building is rented from a for-profit entity.
  This denial must be no more than four years old at the time the cost report is filed.

#### IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

# 2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

| FAC  | ILITY NAME                           | Heritage Manor-I                               | Peru  |           |                     |           | COUNTY                          | LaSalle      |                      |
|------|--------------------------------------|--|---|-----------|---------------------|-----------|---------------------------------|--------------|----------------------|
| FAC  | ILITY IDPH LICI                      | ENSE NUMBER                                    | 0038364   |           |                     |           |                                 |              |                      |
| CON  | TACT PERSON I                        | REGARDING THIS                                 | S REPORT Craig Ater   |           | _                   |           |                                 |              |                      |
| TELI | EPHONE (309                          | )823-7135                                      |   | FAX#:     | (                   | )         |                                 |              |                      |
| Α.   |                                      | al Estate Tax Cost                             |   |           |                     |           |                                 |              |                      |
| 11.  |                                      |  | •   |           |                     |           |                                 |              |                      |
|      | cost that applies thome property w   | to the operation of t<br>hich is vacant, rente | estate tax assessed for 20<br>he nursing home in Colu<br>ed to other organizations<br>the cost for any period oth | ımn D. Re | eal esta<br>or purp | ite tax a | applicable to<br>ther than long | any portion  | of the nursing       |
|      | (A                                   | )  | (B)   |           |                     |           | (C)                             |              | (D)                  |
|      |                                      |  |   |           |                     |           |                                 |              | Tax<br>Applicable to |
|      | Tax Index                            | Number   | Property Descri   | ption     |                     |           | Total Tax                       |              | Nursing Home         |
| 1.   | 1709312014                           |  | Nursing Home  |           |                     | \$        | 34,033.00                       | \$           | 34,033.00            |
| 2.   | 1709312013                           |  | Nursing Home  |           | _                   | \$        | 595.00                          | \$           | 595.00               |
| 3.   |                                      |  |   |           | _                   | \$        |                                 | \$           |                      |
| 4.   |                                      |  |   |           | _                   | \$        |                                 |              |                      |
| 5.   |                                      |  |   |           | _                   | \$        |                                 | \$_          |                      |
| 6.   |                                      |  |   |           | _                   | \$        |                                 | \$_          |                      |
| 7.   |                                      |  |   |           | _                   | \$        |                                 | \$           |                      |
| 8.   |                                      |  |   |           | _                   | _         |                                 |              |                      |
| 9.   |                                      |  |   |           | _                   | \$        |                                 | _ \$_        |                      |
| 10.  |                                      |  |   |           | _                   | \$        |                                 | - \$_        |                      |
|      |                                      |  |   | TOTALS    |                     | \$        | 34,628.00                       | \$           | 34,628.00            |
| B.   | Real Estate Tax                      | Cost Allocations                               |   |           |                     |           |                                 |              |                      |
|      | Does any portion<br>used for nursing |  | y to more than one nursing YES  | ng home,  | vacant<br>NO        | proper    | ty, or propert                  | y which is i | not directly         |
|      |                                      |  | hedule which shows the  |           |                     |           |                                 |              | ome.                 |

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

C. Tax Bills

Page 10A

| STATE OF ILLIN | DIC |
|----------------|-----|

40,500

Page 11

Facility Name & ID Number Heritage Manor-Peru # 0038364 Report Period Beginning: 1/01/2002 Ending: 12/31/2002 X. BUILDING AND GENERAL INFORMATION: 33,800 **B.** General Construction Type: Brick/Wood **Number of Stories** Square Feet: Exterior (c) Rent from Completely Unrelated Does the Operating Entity? xx (a) Own the Facility (b) Rent from a Related Organization. Organization. (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.) (c) Rent equipment from Completely Does the Operating Entity? xx (a) Own the Equipment (b) Rent equipment from a Related Organization. Unrelated Organization. (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.) List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable). YES NO Does this cost report reflect any organization or pre-operating costs which are being amortized? XX If so, please complete the following: 1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized: 3. Current Period Amortization: 4. Dates Incurred: Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.) XI. OWNERSHIP COSTS: 2 3 Square Feet Year Acquired A. Land. Use Cost Land 40,500

3 TOTALS

# 0038364

Report Period Beginning:

Page 12

1/01/2002 Ending: 12/31/2002

Facility Name & ID Number Heritage Manor-Peru # 0038

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1              | ig Depreciation-Including Fixed Equ | 2        | 3           | 4          | 5            | 6        | 7             | 8           | 9            | $\neg$ |
|----|----------------|-------------------------------------|----------|-------------|------------|--------------|----------|---------------|-------------|--------------|--------|
|    | _              | FOR OHF USE ONLY                    | Year     | Year        | -          | Current Book | Life     | Straight Line | _           | Accumulated  |        |
|    | Beds*          |                                     | Acquired | Constructed | Cost       | Depreciation | in Years | Depreciation  | Adjustments | Depreciation |        |
| 4  | 59             |                                     | 1965     |             | \$ 391,963 | \$           |          | \$            | \$          | \$           | 4      |
| 5  | 38             |                                     | 1966     |             | 325,283    |              |          |               |             |              | 5      |
| 6  | 13             |                                     | 1970     |             | 153,474    |              |          |               |             |              | 6      |
| 7  | 19             |                                     | 1985     |             | 677,402    |              |          |               |             |              | 7      |
| 8  |                |                                     |          |             |            |              |          |               |             |              | 8      |
|    | Impro          | vement Type**                       |          |             |            |              |          |               |             |              |        |
|    | 1978 Improve   |                                     |          | 1978        |            |              |          |               |             |              | 9      |
|    | 1979 Improve   |                                     |          | 1979        | 6,059      |              |          |               |             |              | 10     |
|    | 1980 Improve   |                                     |          | 1980        | 9,952      |              |          |               |             |              | 11     |
|    | 1981 Improve   |                                     |          | 1981        | 28,648     |              |          |               |             |              | 12     |
|    | 1982 Improve   |                                     |          | 1982        | 8,175      |              |          |               |             |              | 13     |
|    | 1983 Improve   |                                     |          | 1983        | 39,938     |              |          |               |             |              | 14     |
|    | 1984 Improve   |                                     |          | 1985        | 13,985     |              |          |               |             |              | 15     |
|    | 1985 Improve   |                                     |          | 1986        | 19,793     |              |          |               |             |              | 16     |
|    | 1986 Improve   |                                     |          | 1987        | 550        |              |          |               |             |              | 17     |
|    | 1988 Improve   |                                     |          | 1988        | 22,120     |              |          |               |             |              | 18     |
|    | 1989 Improve   |                                     |          | 1989        | 19,053     |              |          |               |             |              | 19     |
|    | 1990 Improve   |                                     |          | 1990        | 25,453     |              |          |               |             |              | 20     |
|    | 1991 Improve   |                                     |          | 1991        | 12,118     |              |          |               |             |              | 21     |
|    | 1992 Improve   |                                     |          | 1992        | 19,157     |              |          |               |             |              | 22     |
|    | 1993 Improve   |                                     |          | 1993        | 87,224     |              |          |               |             |              | 23     |
|    | 1994 Improve   |                                     |          | 1994        | 43,270     |              |          |               |             |              | 24     |
|    | 1995 Improve   |                                     |          | 1995        | 16,885     |              |          |               |             |              | 25     |
|    | WATER SOF      |                                     |          | 1996        | 8,377      |              |          |               |             |              | 26     |
|    | AIR CONDIT     |                                     |          | 1996        | 4,550      |              |          |               |             |              | 27     |
|    | LANDSCAPI      | NG                                  |          | 1996        | 97         |              | ļ        | ļ             | ļ           |              | 28     |
| 29 |                |                                     |          |             |            |              | ļ        | ļ             | ļ           |              | 29     |
| 30 |                |                                     |          |             |            |              |          |               |             |              | 30     |
| 31 |                |                                     |          |             |            |              |          |               |             |              | 31     |
| 33 |                |                                     |          |             |            |              |          |               |             |              | 32     |
|    | C/O Allered's  |                                     |          |             |            |              |          | 11 300        | 11 200      |              | 33     |
|    | C/O Allocation |                                     |          |             |            | 70.462       |          | 11,288        | 11,288      | 1 402 027    | 34     |
|    | Book Deprecia  | tuon                                |          |             |            | 79,463       |          | 87,000        | 7,537       | 1,403,823    | 35     |
| 36 |                |                                     |          |             |            |              |          |               |             |              | 36     |

See Page 12A, Line 70 for total

<sup>\*</sup>Total beds on this schedule must agree with page 2.
\*\*Improvement type must be detailed in order for the cost report to be considered complete.

# 0038364

Report Period Beginning:

1/01/2002 Ending:

Page 12A 12/31/2002

Facility Name & ID Number Heritage Manor-Peru # 003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| B. Building Depreciation-Including Fixed Equipm | 3           | 4            | L 5          | 6             | 7             | 8           | 9            | $\neg$ |
|---|-------------|--------------|--------------|---------------|---------------|-------------|--------------|--------|
| •   | Year        | •            | Current Book | Life          | Straight Line |             | Accumulated  |        |
| Improvement Type**                              | Constructed | Cost         | Depreciation | in Years      | Depreciation  | Adjustments | Depreciation |        |
| 37 Interior Rehab                               |             | s 292,864    | S            | 111 1 0 111 1 | S             | S           | \$           | 37     |
| 38 Parking Lot Sealer                           | 1997        | 3,100        | *            |               | *             | *           | *            | 38     |
| 39 Commercial Disposal                          | 1997        | 877          |              |               |               |             |              | 39     |
| 40  | 255.        | 077          |              |               |               |             |              | 40     |
| 41 Water Heater                                 | 1998        | 4,308        |              |               |               |             |              | 41     |
| 42 A/C Repair                                   | 1998        | 6,457        |              |               |               |             |              | 42     |
| 43 Heater Repair                                | 1998        | 954          |              |               |               |             |              | 43     |
| 44 Laundry Room Remodel                         | 1998        | 1,450        |              |               |               |             |              | 44     |
| 45 Interior Rehab                               | 1998        | 7,466        |              |               |               |             |              | 45     |
| 46  |             | ,            |              | 1             |               |             |              | 46     |
| 47 GFI Outlets                                  | 1999        | 3,420        |              |               |               |             |              | 47     |
| 48 Water Meter                                  | 1999        | 1,854        |              |               |               |             |              | 48     |
| 49 Roof Replacements                            | 1999        | 80,498       |              |               |               |             |              | 49     |
| 50  |             |              |              |               |               |             |              | 50     |
| 51 Water Main Break Repair                      | 2000        | 5,272        |              |               |               |             |              | 51     |
| 52 Door Monitor System                          | 2000        | 9,852        |              |               |               |             |              | 52     |
| 53 Patio Improvements                           | 2000        | 1,310        |              |               |               |             |              | 53     |
| 54  |             |              |              |               |               |             |              | 54     |
| 55 Lennox Condenser                             | 2001        | 4,527        |              |               |               |             |              | 55     |
| 56 Water Heater                                 | 2001        | 3,708        |              |               |               |             |              | 56     |
| 57 Sewer Repair                                 | 2001        | 932          |              |               |               |             |              | 57     |
| 58  |             |              |              |               |               |             |              | 58     |
| 59 Sewer Repair                                 | 2002        | 1,267        |              |               |               |             |              | 59     |
| 60 Water Heater                                 | 2002        | 4,340        |              |               |               |             |              | 60     |
| 61 Ceiling Tiles                                | 2002        | 110          |              |               |               |             |              | 61     |
| 62 Seal Parking Lot                             | 2002        | 3,100        |              |               |               |             |              | 62     |
| 63 Door Lock                                    | 2002        | 1,370        |              |               |               |             |              | 63     |
| 64  |             |              |              |               |               |             |              | 64     |
| 65  |             |              |              | ļ             |               |             |              | 65     |
| 66  |             |              |              | ļ             |               |             |              | 66     |
| 67  |             |              |              |               |               |             |              | 67     |
| 68  |             |              |              |               |               |             |              | 68     |
|   |             | 0 272 5(2    | 0 70 462     |               | 6 00 100      | 0 10 025    | 0 1 402 922  | 69     |
| 70 TOTAL (lines 4 thru 69)                      |             | \$ 2,372,562 | \$ 79,463    |               | \$ 98,288     | \$ 18,825   | \$ 1,403,823 | 70     |

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Peru XI. OWNERSHIP COSTS (continued)

26 27

28

30 31

32

34 TOTAL (lines 1 thru 33)

0038364

Report Period Beginning:

98,288

18,825

1/01/2002 Ending:

Page 12B

12/31/2002

20 21

27

28 29 30

31 32

34

1,403,823

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. Straight Line Depreciation Year **Current Book** Life Accumulated Improvement Type\*\* Constructed Cost Depreciation in Years Adjustments Depreciation 1,403,823 1 Totals from Page 12A, Carried Forward 2,372,562 79,463 98,288 18,825 3 4 5 6 7 8 9 10 10 11 11 12 13 14 12 13 14 15 16 17 15 16 17 18 18 19 19

2,372,562

79,463

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

| STATE | OF I | LLIN | OIS |
|-------|------|------|-----|
|       |      |      |     |

Page 13 Facility Name & ID Number 0038364 **Report Period Beginning:** 1/01/2002 12/31/2002 Heritage Manor-Peru **Ending:** 

# XI. OWNERSHIP COSTS (continued)

| C. Equ | iipment De | preciation-Ex | xcluding Tra | nsportation. | (See instructions.) |
|--------|------------|---------------|--------------|--------------|---------------------|
|        |            |               |              |              |                     |

|    | Category of              | 1          | Current Book   | Straight Line  | 4           | Component | Accumulated    | $\Box$ |
|----|--------------------------|------------|----------------|----------------|-------------|-----------|----------------|--------|
|    | Equipment                | Cost       | Depreciation 2 | Depreciation 3 | Adjustments | Life 5    | Depreciation 6 |        |
| 71 | Purchased in Prior Years | \$ 852,260 | \$ 61,648      | \$ 60,851      | \$ (797)    |           | \$ 749,713     | 71     |
| 72 | Current Year Purchases   | 38,338     |                |                |             |           |                | 72     |
| 73 | Fully Depreciated Assets |            |                |                |             |           |                | 73     |
| 74 |                          |            |                |                |             |           |                | 74     |
| 75 | TOTALS                   | \$ 890,598 | \$ 61,648      | \$ 60,851      | \$ (797)    |           | \$ 749,713     | 75     |

D. Vehicle Depreciation (See instructions.)\*

|    | 1      | Model, Make | Year       | 4    | Current Book   | Straight Line  | 7           | Life in | Accumulated    |    |
|----|--------|-------------|------------|------|----------------|----------------|-------------|---------|----------------|----|
|    | Use    | and Year 2  | Acquired 3 | Cost | Depreciation 5 | Depreciation 6 | Adjustments | Years 8 | Depreciation 9 |    |
| 76 |        |             |            | \$   | \$             | \$             | \$          |         | \$             | 76 |
| 77 |        |             |            |      |                |                |             |         |                | 77 |
| 78 |        |             |            |      |                |                |             |         |                | 78 |
| 79 |        |             |            |      |                |                |             |         |                | 79 |
| 80 | TOTALS |             |            | \$   | \$             | \$             | \$          |         | \$             | 80 |

### E. Summary of Care-Related Assets

|    | E. Summary of Care-Related Assets | 1  | L               |    | _  |
|----|-----------------------------------|--|-----------------|----|----|
|    |                                   | Reference  | Amount          |    |    |
| 81 | Total Historical Cost             | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$<br>3,303,660 | 81 | 1  |
| 82 | Current Book Depreciation         | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$<br>141,111   | 82 | 1  |
| 83 | Straight Line Depreciation        | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$<br>159,139   | 83 | ** |
| 84 | Adjustments                       | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 | \$<br>18,028    | 84 | 1  |
| 85 | Accumulated Depreciation          | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 | \$<br>2,153,536 | 85 | 1  |

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 |    |
|----|----------------------------------|-----------|-----------------------------|----------------------------|----|
| 86 |                                  | \$        | \$                          | \$                         | 86 |
| 87 |                                  |           |                             |                            | 87 |
| 88 |                                  |           |                             |                            | 88 |
| 89 |                                  |           |                             |                            | 89 |
| 90 |                                  |           |                             |                            | 90 |
| 91 | TOTALS                           | \$        | \$                          | \$                         | 91 |

G. Construction-in-Progress

|    | Description | Cost |    |
|----|-------------|------|----|
| 92 |             | \$   | 92 |
| 93 |             |      | 93 |
| 94 |             |      | 94 |
| 95 |             | \$   | 95 |

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

This must agree with Schedule V line 30, column 8.

|                |                                    |                                    |                                |                           |                               |                                    | S            | TATE OF ILLINOIS                          | }                                     |             |                              |                                  |               | Page 14    |
|----------------|------------------------------------|------------------------------------|--------------------------------|---------------------------|-------------------------------|------------------------------------|--------------|---|---------------------------------------|-------------|------------------------------|----------------------------------|---------------|------------|
| Fac            | ility Name & I                     | D Number                           | Heritage                       | Manor-Per                 | u                             |                                    | #            | 0038364                                   | Report                                | Period Beg  | ginning:                     | 1/01/2002                        | Ending:       | 12/31/2002 |
| XII            | 1. Name of 1 2. Does the           | and Fixed Equi<br>Party Holding    | Lease:                         | •                         |                               | al amount shown                    | below on lin | ne 7, column 4?                           | ]NO                                   |             |                              |                                  |               |            |
|                |                                    | 1<br>Year<br>Constructe            |                                | 2<br>imber<br>Beds        | 3<br>Date of<br>Lease         | 4<br>Ren<br>Amo                    | ıtal         | 5<br>Total Years<br>of Lease              | 6<br>Total Years<br>Renewal Option*   |             |                              |                                  |               |            |
| 3              | Original<br>Building:<br>Additions |                                    |                                |                           |                               | \$                                 |              | 33 23 33 33                               |                                       | 3 4         |                              | dates of curren                  |               | ment:      |
| 5<br>6<br>7    | TOTAL                              |                                    | _                              |                           |                               | \$                                 |              |   |                                       | 5<br>6<br>7 | 11. Rent to be<br>rental agr | e paid in future<br>reement:     | years under t | he current |
|                | This amo                           | unt was calcul<br>ngth of the leas | ated by dividi                 |                           |                               | n page 4, line 34.<br>be amortized | _            | *   |                                       |             | Fiscal Year  12. 13. 14.     | /2003<br>/2004<br>/2005          | Annual R      | ent        |
|                | B. Equipmen                        | т _                                | ransportation<br>rental includ | and Fixed<br>ed in buildi | _<br>Equipment.<br>ng rental? | . (See instructions                |              | YES ager, computer equip (Attach a schedu | ]NO<br>ment<br>le detailing the break | down of m   |                              |                                  | <u> </u>      |            |
|                | C. Vehicle Ro                      | ental (See instr                   |                                |                           |                               |                                    |              |   |                                       |             |                              |                                  |               |            |
|                | 1<br>Use                           |                                    | 2<br>Model<br>and M            | Year                      |                               | 3<br>Monthly Lease<br>Payment      |              | 4<br>Rental Expense<br>for this Period    |                                       |             |                              | is an option to                  |               |            |
| 17<br>18<br>19 |                                    |                                    |                                |                           | \$                            |                                    | \$           |   | 17<br>18<br>19                        |             | schedule                     |                                  |               |            |
| 20<br>21       | TOTAL                              |                                    |                                |                           |                               |                                    | \$           |   | 20                                    |             |                              | ount plus any a<br>must agree wi |               |            |

| D 99 N    | a no v                                  | и и м                                       |                       | S                 | TATE OF ILLI       | NOIS         | 0020264     | D (D:             | ın                                    | 1/01/2002      | 10 II   | Page 15   |
|-----------|---|---|-----------------------|-------------------|--------------------|--------------|-------------|-------------------|---------------------------------------|----------------|---------|-----------|
|           | me & ID Number                          | Heritage Manor-Peru<br>URSE AIDE TRAINING I | DDOCDAMS (Can in      |                   |                    | #            | 0038364     | Report Perio      | d Beginning:                          | 1/01/2002      | Ending: | 12/31/200 |
| AIII, EAP | ENSES KELATING TO N                     | UKSE AIDE TRAINING I                        | rkogkams (see ii      | istructions.)     |                    |              |             |                   |                                       |                |         |           |
| A. TY     | PE OF TRAINING PRO                      | GRAM (If aides are trained                  | l in another facility | program, attach a | schedule listing t | the facility | name, addre | ss and cost per a | ide trained in tl                     | hat facility.) |         |           |
|           | 1. HAVE YOU TRAINED<br>DURING THIS REPO |   | YES 2                 | . CLASSROOM       | PORTION:           |              |             | 3.                | CLINICAL PO                           | ORTION:        | _       |           |
|           | PERIOD?                                 | K1  | NO                    | IN-HOUSE PR       | OGRAM              |              |             |                   | IN-HOUSE PR                           | OGRAM          |         |           |
|           | If "yes", please comple                 | te the remainder                            |                       | IN OTHER FA       | CILITY             |              |             |                   | IN OTHER FA                           | CILITY         |         |           |
|           | of this schedule. If "no                | ", provide an                               |                       | COMMUNITY         | COLLEGE            |              |             |                   | HOURS PER A                           | AIDE           |         |           |
|           | explanation as to why to not necessary. | this training was                           |                       | HOURS PER A       | AIDE               |              |             |                   |                                       |                |         |           |
| B. EX     | KPENSES                                 |   | ALLOCATI              | ON OF COSTS       | (d)                |              |             | C. CON            | TRACTUAL IN                           | NCOME          |         |           |
|           |   |   | 1                     | 2                 | 3                  |              | 4           |                   | In the box below<br>facility received |                |         |           |
|           |   |   |                       | cility            | Control            |              | T-4-1       |                   | 6                                     |                | 7       |           |
| 1         | Community College Tuition               | .n  | Drop-outs             | Completed         | Contract           | e            | Total       | _                 | 3                                     |                | _       |           |
|           | Books and Supplies                      | )II   | <b>3</b>              | 3                 | J.                 | J            |             | D. NUV            | BER OF AIDE                           | STRAINED       |         |           |
|           | Classroom Wages                         | (a)   |                       |                   |                    |              |             |                   | DER OF THEE                           | S TRUIT (ED    |         |           |
|           | Clinical Wages                          | (b)   |                       |                   | 1                  |              |             |                   | COMPLET                               | ГЕО            |         |           |
| 5         | In-House Trainer Wages                  | (c)   |                       |                   |                    |              |             |                   | 1. From this fac                      | cility         |         |           |
|           | Transportation                          |   |                       |                   |                    |              |             |                   | 2. From other f                       |                |         |           |
|           | Contractual Payments                    |   |                       |                   |                    |              |             |                   | DROP-OU                               |                |         |           |
| 8         | Nurse Aide Competency T                 | ests  |                       |                   |                    |              |             |                   | 1. From this fac                      | cility         |         |           |

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(e)

TOTALS

SUM OF line 9, col. 1 and 2

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

2. From other facilities (f)
TOTAL TRAINED

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides. Facility Name & ID Number Heritage Manor-Peru # 0038364 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

# XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

|    |                                 | 1             | 2         | 3    | 4        | 5               | 6           | 7              | 8                 |    |
|----|---------------------------------|---------------|-----------|------|----------|-----------------|-------------|----------------|-------------------|----|
|    |                                 | Schedule V    | Stafi     | Ī    | Outsid   | e Practitioner  | Supplies    |                |                   |    |
|    | Service                         | Line & Column | Units of  | Cost | (other t | nan consultant) | (Actual or) | Total Units    | <b>Total Cost</b> |    |
|    |                                 | Reference     | Service   |      | Units    | Cost            | Allocated)  | (Column 2 + 4) | (Col. 3 + 5 + 6)  |    |
| 1  | Licensed Occupational Therapist | 10a/3         | hrs       | \$   |          | \$ 50,161       | \$          |                | \$ 50,161         | 1  |
|    | Licensed Speech and Language    |               |           |      |          |                 |             |                |                   |    |
| 2  | Development Therapist           | 10a/3         | hrs       |      |          | 9,319           |             |                | 9,319             | 2  |
| 3  | Licensed Recreational Therapist |               | hrs       |      |          |                 |             |                |                   | 3  |
| 4  | Licensed Physical Therapist     | 10a/3         | hrs       |      |          | 117,868         | 1,717       |                | 119,585           | 4  |
| 5  | Physician Care                  |               | visits    |      |          |                 |             |                |                   | 5  |
| 6  | Dental Care                     |               | visits    |      |          |                 |             |                |                   | 6  |
| 7  | Work Related Program            |               | hrs       |      |          |                 |             |                |                   | 7  |
| 8  | Habilitation                    |               | hrs       |      |          |                 |             |                |                   | 8  |
|    |                                 |               | # of      |      |          |                 |             |                |                   |    |
| 9  | Pharmacy                        | 39/3          | prescrpts |      |          |                 | 302,667     |                | 302,667           | 9  |
|    | Psychological Services          |               |           |      |          |                 |             |                |                   |    |
|    | (Evaluation and Diagnosis/      |               |           |      |          |                 |             |                |                   |    |
| 10 | Behavior Modification)          |               | hrs       |      |          |                 |             |                |                   | 10 |
| 11 | Academic Education              |               | hrs       |      |          |                 |             |                |                   | 11 |
| 12 | Exceptional Care Program        |               |           |      |          |                 |             |                |                   | 12 |
|    |                                 |               |           |      |          |                 |             |                |                   |    |
| 13 | Other (specify): x-ray          | 39/3          |           |      |          | 225             |             |                | 225               | 13 |
|    |                                 |               |           |      |          |                 |             |                |                   |    |
|    |                                 |               |           |      |          |                 |             |                |                   |    |
| 14 | TOTAL                           |               |           | \$   |          | \$ 177,573      | \$ 304,384  |                | \$ 481,957        | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

XV. BALANCE SHEET - Unrestricted Operating Fund.
This report must be completed even if financial statements are attached.

|    |   | 1  |             | 2 After        |    |
|----|---|----|-------------|----------------|----|
|    |   | (  | Operating   | Consolidation* |    |
|    | A. Current Assets                               |    |             |                |    |
| 1  | Cash on Hand and in Banks                       | \$ | 49,145      | \$             | 1  |
| 2  | Cash-Patient Deposits                           |    | 10,820      |                | 2  |
|    | Accounts & Short-Term Notes Receivable-         |    |             |                |    |
| 3  | Patients (less allowance )                      |    | 981,352     |                | 3  |
| 4  | Supply Inventory (priced at )                   |    |             |                | 4  |
| 5  | Short-Term Investments                          |    |             |                | 5  |
| 6  | Prepaid Insurance                               |    | 14,529      |                | 6  |
| 7  | Other Prepaid Expenses                          |    |             |                | 7  |
| 8  | Accounts Receivable (owners or related parties) |    | 4,476,415   |                | 8  |
| 9  | Other(specify):                                 |    |             |                | 9  |
|    | TOTAL Current Assets                            |    |             |                |    |
| 10 | (sum of lines 1 thru 9)                         | \$ | 5,532,261   | \$             | 10 |
|    | B. Long-Term Assets                             |    |             |                |    |
| 11 | Long-Term Notes Receivable                      |    |             |                | 11 |
| 12 | Long-Term Investments                           |    |             |                | 12 |
| 13 | Land  |    | 50,000      |                | 13 |
| 14 | Buildings, at Historical Cost                   |    | 2,178,576   |                | 14 |
| 15 | Leasehold Improvements, at Historical Cost      |    |             |                | 15 |
| 16 | Equipment, at Historical Cost                   |    | 864,787     |                | 16 |
| 17 | Accumulated Depreciation (book methods)         |    | (1,532,350) |                | 17 |
| 18 | Deferred Charges                                |    |             |                | 18 |
| 19 | Organization & Pre-Operating Costs              |    |             |                | 19 |
|    | Accumulated Amortization -                      |    |             |                |    |
| 20 | Organization & Pre-Operating Costs              |    |             |                | 20 |
| 21 | Restricted Funds                                |    |             |                | 21 |
| 22 | Other Long-Term Assets (specify):               |    |             |                | 22 |
| 23 | Other(specify): Deferred Tax Asset              |    | 25,647      |                | 23 |
|    | TOTAL Long-Term Assets                          |    |             |                |    |
| 24 | (sum of lines 11 thru 23)                       | \$ | 1,586,660   | \$             | 24 |
|    | TOTAL ACCEPTS                                   |    |             |                |    |
|    | TOTAL ASSETS                                    |    |             |                |    |
| 25 | (sum of lines 10 and 24)                        | \$ | 7,118,921   | \$             | 25 |

|    |                                       | 1  | perating  | 2 After<br>Consolidation* |    |
|----|---------------------------------------|----|-----------|---------------------------|----|
|    | C. Current Liabilities                |    |           |                           |    |
| 26 | Accounts Payable                      | \$ | 124,071   | \$                        | 26 |
| 27 | Officer's Accounts Payable            |    |           |                           | 27 |
| 28 | Accounts Payable-Patient Deposits     |    | 10,820    |                           | 28 |
| 29 | Short-Term Notes Payable              |    |           |                           | 29 |
| 30 | Accrued Salaries Payable              |    | 247,681   |                           | 30 |
|    | Accrued Taxes Payable                 |    |           |                           |    |
| 31 | (excluding real estate taxes)         |    | 6,274     |                           | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)   |    | 36,359    |                           | 32 |
| 33 | Accrued Interest Payable              |    | 6,024     |                           | 33 |
| 34 | Deferred Compensation                 |    |           |                           | 34 |
| 35 | Federal and State Income Taxes        |    |           |                           | 35 |
|    | Other Current Liabilities(specify):   |    |           |                           |    |
| 36 | Security Deposits                     |    | 17,800    |                           | 36 |
| 37 |                                       |    |           |                           | 37 |
|    | TOTAL Current Liabilities             |    |           |                           |    |
| 38 | (sum of lines 26 thru 37)             | \$ | 449,029   | \$                        | 38 |
|    | D. Long-Term Liabilities              |    |           |                           |    |
| 39 | Long-Term Notes Payable               |    |           |                           | 39 |
| 40 | Mortgage Payable                      |    | 2,047,758 |                           | 40 |
| 41 | Bonds Payable                         |    |           |                           | 41 |
| 42 | Deferred Compensation                 |    |           |                           | 42 |
|    | Other Long-Term Liabilities(specify): |    |           |                           |    |
| 43 |                                       |    |           |                           | 43 |
| 44 |                                       |    |           |                           | 44 |
|    | TOTAL Long-Term Liabilities           |    |           |                           |    |
| 45 | (sum of lines 39 thru 44)             | \$ | 2,047,758 | \$                        | 45 |
|    | TOTAL LIABILITIES                     |    |           |                           |    |
| 46 | (sum of lines 38 and 45)              | \$ | 2,496,787 | \$                        | 46 |
|    |                                       |    |           |                           |    |
| 47 | TOTAL EQUITY(page 18, line 24)        | \$ | 4,622,134 | \$                        | 47 |
|    | TOTAL LIABILITIES AND EQUITY          |    |           |                           |    |
| 48 | (sum of lines 46 and 47)              | \$ | 7,118,921 | \$                        | 48 |

<sup>\*(</sup>See instructions.)

0038364

| JF CF | IANGES IN EQUITY   |    |            |    |
|-------|--|----|------------|----|
|       |  |    | 1<br>Total |    |
| 1     | Balance at Beginning of Year, as Previously Reported         | \$ | 4,107,656  | 1  |
| 2     | Restatements (describe):                                     |    |            | 2  |
| 3     | Audit Adjustment   |    | (69,999)   | 3  |
| 4     | •  |    |            | 4  |
| 5     |  |    |            | 5  |
| 6     | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ | 4,037,657  | 6  |
|       | A. Additions (deductions):                                   |    |            |    |
| 7     | NET Income (Loss) (from page 19, line 43)                    |    | 584,477    | 7  |
| 8     | Aquisitions of Pooled Companies                              |    |            | 8  |
| 9     | Proceeds from Sale of Stock                                  |    |            | 9  |
| 10    | Stock Options Exercised                                      |    |            | 10 |
| 11    | Contributions and Grants                                     |    |            | 11 |
| 12    | Expenditures for Specific Purposes                           |    |            | 12 |
| 13    | Dividends Paid or Other Distributions to Owners              | (  | )          | 13 |
| 14    | Donated Property, Plant, and Equipment                       |    |            | 14 |
| 15    | Other (describe)   |    |            | 15 |
| 16    | Other (describe)   |    |            | 16 |
| 17    | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ | 584,477    | 17 |
|       | B. Transfers (Itemize):                                      |    |            |    |
| 18    |  |    |            | 18 |
| 19    |  |    |            | 19 |
| 20    |  |    |            | 20 |
| 21    |  |    | ·          | 21 |
| 22    |  |    |            | 22 |
| 23    | TOTAL Transfers (sum of lines 18-22)                         | \$ |            | 23 |
| 24    | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$ | 4,622,134  | 24 |
| 27    | DALANCE AT END OF TEAK (sum of fines 0 + 17 + 25)            | Ψ  | 7,022,137  |    |

<sup>\*</sup> This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

|     | Revenue  | Amount          |     |
|-----|--|-----------------|-----|
|     | A. Inpatient Care                                  |                 |     |
| 1   | Gross Revenue All Levels of Care                   | \$<br>5,395,231 | 1   |
| 2   | Discounts and Allowances for all Levels            | (846,112)       | 2   |
| 3   | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$<br>4,549,119 | 3   |
|     | B. Ancillary Revenue                               |                 |     |
| 4   | Day Care   |                 | 4   |
| 5   | Other Care for Outpatients                         |                 | 5   |
| 6   | Therapy  | 419,864         | 6   |
| 7   | Oxygen   |                 | 7   |
| 8   | SUBTOTAL Ancillary Revenue (lines 4 thru 7)        | \$<br>419,864   | 8   |
|     | C. Other Operating Revenue                         |                 |     |
| 9   | Payments for Education                             |                 | 9   |
| 10  | Other Government Grants                            |                 | 10  |
| 11  | Nurses Aide Training Reimbursements                | 5,733           | 11  |
| 12  | Gift and Coffee Shop                               | (2,092)         | 12  |
| 13  | Barber and Beauty Care                             | 25,571          | 13  |
| 14  | Non-Patient Meals                                  |                 | 14  |
| 15  | Telephone, Television and Radio                    |                 | 15  |
| 16  | Rental of Facility Space                           |                 | 16  |
| 17  | Sale of Drugs                                      | 371,133         | 17  |
| 18  | Sale of Supplies to Non-Patients                   |                 | 18  |
| 19  | Laboratory   |                 | 19  |
| 20  | Radiology and X-Ray                                |                 | 20  |
| 21  | Other Medical Services                             | 150             | 21  |
| 22  | Laundry  |                 | 22  |
| 23  | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$<br>400,495   | 23  |
|     | D. Non-Operating Revenue                           |                 |     |
| 24  | Contributions                                      |                 | 24  |
| 25  | Interest and Other Investment Income***            | 39              | 25  |
| 26  | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$<br>39        | 26  |
|     | E. Other Revenue (specify):****                    |                 |     |
| 27  | Settlement Income (Insurance, Legal, Etc.)         |                 | 27  |
| 28  |  |                 | 28  |
| 28a |  |                 | 28a |
| 29  | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$              | 29  |
| 30  | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$<br>5,369,517 | 30  |

|    |   |    | 2         |     |
|----|---|----|-----------|-----|
|    | Expenses  |    | Amount    |     |
|    | A. Operating Expenses                                   |    |           |     |
| 31 | General Services  |    | 886,021   | 31  |
| 32 | Health Care   |    | 2,331,015 | 32  |
| 33 | General Administration                                  |    | 1,255,806 | 33  |
|    | B. Capital Expense                                      |    |           |     |
| 34 | Ownership   |    | 294,752   | 34  |
|    | C. Ancillary Expense                                    |    |           |     |
| 35 | Special Cost Centers                                    |    | 17,446    | 35  |
| 36 | Provider Participation Fee                              |    |           | 36  |
|    | D. Other Expenses (specify):                            |    |           |     |
| 37 | Loss from Non-Nursing property                          |    |           | 37  |
| 38 |   |    |           | 38  |
| 39 |   |    |           | 39  |
| 40 |   | _  | 0- 0.0    | 1.0 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$ | 4,785,040 | 40  |
| 41 | Income before Income Taxes (line 30 minus line 40)**    |    | 584,477   | 41  |
| 71 | income before facome faxes (time 30 minus fine 40)      |    | 304,477   | 71  |
| 42 | Income Taxes  |    |           | 42  |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ | 584,477   | 43  |

| * | This must | t agree with | page 4, | line 45, | column 4. |
|---|-----------|--------------|---------|----------|-----------|
|---|-----------|--------------|---------|----------|-----------|

| ** | Does this agree with ta | xable income (loss) per Federal Income |
|----|-------------------------|--|
|    | Tax Return?             | If not, please attach a reconciliation |

See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

<sup>\*\*\*\*</sup>Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Heritage Manor-Peru

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

|    | (This schedule must cover the | entire reportin |           |                  |          |    |
|----|-------------------------------|-----------------|-----------|------------------|----------|----|
|    | 1                             | 1               | 2**       | 3                | 4        |    |
|    |                               | # of Hrs.       | # of Hrs. | Reporting Period | Average  |    |
|    |                               | Actually        | Paid and  | Total Salaries,  | Hourly   |    |
|    |                               | Worked          | Accrued   | Wages            | Wage     |    |
| 1  | Director of Nursing           | 1,792           | 2,080     | \$ 42,013        | \$ 20.20 | 1  |
| 2  | Assistant Director of Nursing | 1,904           | 2,080     | 38,663           | 18.59    | 2  |
| 3  | Registered Nurses             | 11,154          | 12,247    | 222,603          | 18.18    | 3  |
| 4  | Licensed Practical Nurses     | 24,468          | 26,710    | 414,971          | 15.54    | 4  |
| 5  | Nurse Aides & Orderlies       | 78,865          | 84,699    | 818,922          | 9.67     | 5  |
| 6  | Nurse Aide Trainees           |                 |           | 0                |          | 6  |
| 7  | Licensed Therapist            |                 |           |                  |          | 7  |
| 8  | Rehab/Therapy Aides           | 6,276           | 6,808     | 105,353          | 15.47    | 8  |
| 9  | Activity Director             |                 |           |                  |          | 9  |
| 10 | Activity Assistants           | 8,880           | 9,268     | 90,236           | 9.74     | 10 |
| 11 | Social Service Workers        | 2,611           | 3,225     | 29,715           | 9.21     | 11 |
| 12 | Dietician                     |                 |           |                  |          | 12 |
| 13 | Food Service Supervisor       |                 |           |                  |          | 13 |
| 14 | Head Cook                     |                 |           |                  |          | 14 |
| 15 | Cook Helpers/Assistants       | 27,431          | 29,470    | 240,487          | 8.16     | 15 |
| 16 | Dishwashers                   |                 |           |                  |          | 16 |
| 17 | Maintenance Workers           | 9,064           | 10,054    | 104,655          | 10.41    | 17 |
| 18 | Housekeepers                  | 11,746          | 12,699    | 90,952           | 7.16     | 18 |
| 19 | Laundry                       | 7,225           | 7,755     | 61,628           | 7.95     | 19 |
| 20 | Administrator                 | 2,080           | 2,080     | 79,636           | 38.29    | 20 |
| 21 | Assistant Administrator       |                 |           |                  |          | 21 |
| 22 | Other Administrative          |                 |           |                  |          | 22 |
| 23 | Office Manager                |                 |           |                  |          | 23 |
| 24 | Clerical                      | 9,366           | 10,494    | 132,941          | 12.67    | 24 |
| 25 | Vocational Instruction        |                 |           |                  |          | 25 |
| 26 | Academic Instruction          |                 |           |                  |          | 26 |
| 27 | Medical Director              |                 |           |                  |          | 27 |
| 28 | Qualified MR Prof. (QMRP)     |                 |           |                  |          | 28 |
| 29 | Resident Services Coordinator |                 |           |                  |          | 29 |
| 30 | Habilitation Aides (DD Homes) |                 |           |                  |          | 30 |
| 31 | Medical Records               |                 |           |                  |          | 31 |
| 32 | Other Health Care(specify)    |                 |           |                  |          | 32 |
| 33 | Other(specify)                |                 |           |                  |          | 33 |
| 34 | TOTAL (lines 1 - 33)          | 202,862         | 219,669   | s 2,472,775 *    | s 11.26  | 34 |

<sup>\*</sup> This total must agree with page 4, column 1, line 45.

# B. CONSULTANT SERVICES

|    |                                 | 1       | 2                | 3          |    |
|----|---------------------------------|---------|------------------|------------|----|
|    |                                 | Number  | Total Consultant | Schedule V |    |
|    |                                 | of Hrs. | Cost for         | Line &     |    |
|    |                                 | Paid &  | Reporting        | Column     |    |
|    |                                 | Accrued | Period           | Reference  |    |
| 35 | Dietary Consultant              |         | s 0              |            | 35 |
| 36 | Medical Director                |         | 4,550            |            | 36 |
| 37 | Medical Records Consultant      |         | 2,514            |            | 37 |
| 38 | Nurse Consultant                |         |                  |            | 38 |
| 39 | Pharmacist Consultant           |         | 3,600            |            | 39 |
| 40 | Physical Therapy Consultant     |         |                  |            | 40 |
| 41 | Occupational Therapy Consultant |         |                  |            | 41 |
| 42 | Respiratory Therapy Consultant  |         |                  |            | 42 |
| 43 | Speech Therapy Consultant       |         |                  |            | 43 |
| 44 | Activity Consultant             |         |                  |            | 44 |
| 45 | Social Service Consultant       |         | 4,739            |            | 45 |
| 46 | Other(specify)                  |         |                  |            | 46 |
| 47 |                                 |         |                  |            | 47 |
| 48 |                                 |         |                  |            | 48 |
| 49 | TOTAL (lines 35 - 48)           |         | s 15,403         |            | 49 |

# C. CONTRACT NURSES

|    |                           | 1       | 2        | 3          |    |
|----|---------------------------|---------|----------|------------|----|
|    |                           | Number  |          | Schedule V |    |
|    |                           | of Hrs. | Total    | Line &     |    |
|    |                           | Paid &  | Contract | Column     |    |
|    |                           | Accrued | Wages    | Reference  |    |
| 50 | Registered Nurses         |         | s 0      |            | 50 |
| 51 | Licensed Practical Nurses |         | 0        |            | 51 |
| 52 | Nurse Aides               |         | 0        |            | 52 |
|    |                           |         |          |            |    |
| 53 | TOTAL (lines 50 - 52)     |         | \$       |            | 53 |
| 53 | TOTAL (lines 50 - 52)     |         | \$       | <u> </u>   | 5  |

<sup>\*\*</sup> See instructions.

| STATE | OF ILLINOIS |  |
|-------|-------------|--|
|       |             |  |

# 0038364 1/01/2002 Facility Name & ID Number Heritage Manor-Peru **Report Period Beginning:** Ending: 12/31/2002 XIX. SUPPORT SCHEDULES A. Administrative Salaries Ownership D. Employee Benefits and Payroll Taxes F. Dues, Fees, Subscriptions and Promotions Description Description Name Function % Amount Amount Amount IDPH License Fee **Dennis Grobe** Administrator 79,636 Workers' Compensation Insurance 35,341 400 **Unemployment Compensation Insurance** 18,157 Advertising: Employee Recruitment 6,449 FICA Taxes 189,167 Health Care Worker Background Check **Employee Health Insurance** 195,445 (Indicate # of checks performed 378 Employee Meals Central Office Allocation 4,701 Illinois Municipal Retirement Fund (IMRF)\* Promotional Advertising 11,529 3,051 Public Relations 10,628 **Employee Hepatitis Vaccine** TOTAL (agree to Schedule V, line 17, col. 1) Employee Benefits -44,306 Dues and Subscriptions 10,928 (List each licensed administrator separately.) **Employee Benefits - central office** 31,418 License and Fees 79,636 389 B. Administrative - Other Less: Public Relations Expense (10,628)Description Non-allowable advertising (619) Amount Yellow page advertising (11,529)TOTAL (agree to Schedule V, TOTAL (agree to Sch. V, 516,885 22,626 line 22, col.8) line 20, col. 8) TOTAL (agree to Schedule V, line 17, col. 3) E. Schedule of Non-Cash Compensation Paid G. Schedule of Travel and Seminar\*\* (Attach a copy of any management service agreement) to Owners or Employees C. Professional Services Description Amount Vendor/Pavee Type Amount Description Line# Amount **Heritage Enterprises Management Fees** 328,393 **Out-of-State Travel** Clifton Gunderson Accounting 0 0 In-State Travel 4,097 17 Seminar Expense 6,097 Non Allowable (15,890)0 Central Office Allocation 7,678 Legal Fees (Adjusted to zero) 347 0 **Entertainment Expense** TOTAL (agree to Schedule V, line 19, column 3) TOTAL (agree to Sch. V,

328,740

(If total legal fees exceed \$2500 attach copy of invoices.)

line 24, col. 8)

1,999

TOTAL

Page 21

<sup>\*</sup> Attach copy of IMRF notifications

<sup>\*\*</sup>See instructions.

Report Period Beginning: 1/01/2002

Ending:

Page 22 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

|    | (See instructions.) |              |            |        | Ì       |         |         |           |              |                |         |         |         |
|----|---------------------|--------------|------------|--------|---------|---------|---------|-----------|--------------|----------------|---------|---------|---------|
|    | 1                   | 2            | 3          | 4      | 5       | 6       | 7       | 8         | 9            | 10             | 11      | 12      | 13      |
|    |                     | Month & Year |            |        |         |         |         | Amount of | Expense Amor | tized Per Year |         |         | -       |
|    | Improvement         | Improvement  | Total Cost | Useful | EF/1000 | EX 2000 | EX.2004 | EX /2002  | EX.2002      | EX 2004        | EX 2005 | EN 2006 | EX.200# |
|    | Type                | Was Made     |            | Life   | FY1999  | FY2000  | FY2001  | FY2002    | FY2003       | FY2004         | FY2005  | FY2006  | FY2007  |
| 1  |                     |              | \$         |        | \$      | \$      | \$      | \$        | \$           | \$             | \$      | \$      | \$      |
| 2  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 3  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 4  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 5  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 6  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 7  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 8  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 9  |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 10 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 11 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 12 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 13 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 14 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 15 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 16 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 17 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 18 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 19 |                     |              |            |        |         |         |         |           |              |                |         |         |         |
| 20 | TOTALS              |              | s          |        | \$      | \$      | \$      | \$        | \$           | s              | \$      | \$      | s       |

| Facilit | S<br>y Name & ID Number Heritage Manor-Peru   | STATE (<br># | OF ILLINOIS<br>0038364                            | Report Period Beginning:   | 1/01/2002  | Ending:                      | Page 23<br>12/31/2002 |
|---------|---|--------------|---|--|--|------------------------------|-----------------------|
| XX. G   | ENERAL INFORMATION:   |              |   | •  |  |                              |                       |
|         |   | (13)         |   | supplies and services which are of the Public Aid, in addition to the daily  |  |                              |                       |
| (2)     | Are there any dues to nursing home associations included on the cost report?  If YES, give association name and amount.  Illinois Healthcare Association  |              | in the Ancillary Se                               | ection of Schedule V? yes  | _  |                              |                       |
| (3)     | Did the nursing home make political contributions or payments to a political action organization?  no  If YES, have these costs been properly adjusted out of the cost report?  yes   | (14)         | the patient census is a portion of the            | building used for any function other<br>listed on page 2, Section B? no<br>building used for rental, a pharmacy<br>explains how all related costs were a | , day care, etc.)                                | For example<br>If YES, attac | le,                   |
| (4)     | Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?  | (15)         | Indicate the cost o on Schedule V. related costs? |  | assified to employ meal income be the amount. \$ | oeen offset ag               | ainst                 |
| (5)     | Have you properly capitalized all major repairs and equipment purchases?  What was the average life used for new equipment added during this period?  yes  7 years  | (16)         | Travel and Transp                                 | ortation included for out-of-state travel?   | no   |                              |                       |
| (6)     | Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10   |              | If YES, attach a                                  | complete explanation. separate contract with the Departmen   | nt to provide me                                 |                              |                       |
| (7)     | Have all costs reported on this form been determined using accounting procedures consistent with prior reports? If NO, attach a complete explanation.   |              | program during c. What percent of                 | this reporting period. \$ all travel expense relates to transpo age logs been maintained? yes  |  |                              |                       |
| (8)     | Are you presently operating under a sale and leaseback arrangement?  If YES, give effective date of lease.  no  |              | e. Are all vehicles times when not                | stored at the nursing home during the in use? yes  | •  |                              |                       |
| (9)     | Are you presently operating under a sublease agreement? YES xx NO   |              | out of the cost r                                 | commuting or other personal use of eport? yes ity transport residents to and fi  | v  |                              | no                    |
| (10)    | Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO no If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. |              | Indicate the a                                    | mount of income earned from p<br>n during this reporting period.   | om day train<br>providing sucl<br>\$             | h<br>                        |                       |
|         |   | (17)         | Firm Name: St                                     | performed by an independent certifi<br>llaski & Webb   | •  | The instruct                 | tions for the         |
| (11)    | Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$\frac{70,628}{V}\$.  This amount is to be recorded on line 42 of Schedule V.                                  |              |   | that a copy of this audit be included  No If no, please explain.   |  | eport. Has thi               |                       |
| (12)    | Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.  |              | out of Schedule V                                 |  |  |                              |                       |
|         | <del></del>   | (19)         | performed been at                                 | tree in excess of \$2500, have legal invalued to this cost report?  yes at a summary of services for all arch  |  | ·                            | ices                  |

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| 300<br>300<br>301  | SCHOOLS AND AND  | 2 DE 2 DESCRIPTION 2015<br>2 DE 2 DESCRIPTION 2015<br>2 DE 2 DESCRIPTION 2015 AUX PARTIES  |  |  |
| 210<br>210<br>210  | CONTRACTOR SECURITY CONTRACTOR SECURITY | 210 210 INDESTRUCTION ACCRETA<br>220 220 INDESTRUCTION ACCRETA   | no.  |  |
| 226<br>226<br>236  | PAYROLL SAVINGS<br>THA WING DRICK<br>UNITED WAY  | 23H 23H CHEED FORD<br>23H 23H CHEED BREEKEE CAPER<br>23H 23H BREEKEE   | in.  |  |
| 23a<br>23a<br>23a  | WASH CARDINALE PAYMENT CAPTURES<br>WASH CARDINALES DEDUCTION   | 2300 2300 WARD GARDONNET<br>2300 2300 ACREED AJON<br>2300 2300 WARD ATM  |  |  |
| 210<br>200<br>200  | CONTROL PAYMENT AND  | 2 has 2 hours and 3 has 2 has  |  |  |
| 286<br>286<br>286<br>286   | ACTIVITY HIND 8 SECRETY SHOUGHT VALUE FORD SHART TO DE SALAR   | 200 2001 AMELICONOM DANS OF  |  |  |
| 294<br>280<br>280<br>262   | COMMENT OF THE ACT OF THE COMMENT OF | July 1 June College Name 1 July 1 June College Name 1 July 1 June College Name 2 June 2 June College Name 2 June 2 June College Name 2 June 2 June College Name 2 July 1 June 2 June  |  |  |
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